


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90036 050 \*\*\*158.75


**DOCUMENT # V35440**  
 1. Entity Name  
 BRAULIO A. PENA, INC.



Principal Place of Business Mailing Address  
 5800 SW 84TH STREET P.O. BOX 141712  
 S. MIAMI, FL 33143 US CORAL GABLES, FL 33114 US

2. Principal Place of Business 3. Mailing Address  
 221 ALEDO AVE. Suite, Apt. #, etc.

City & State City & State  
 CORAL GABLES, FLA. Suite, Apt. #, etc.  
 Zip Country Zip Country  
 33134 USA



04122004 Chg-P CR2E034 (10/03)  
 4. FEI Number Applied For  
 65-0337855 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 PENA, BRAULIO A.  
 5800 SW 84TH STREET  
 S. MIAMI, FL 33143

7. Name and Address of New Registered Agent  
 Name SAME  
 Street Address (P.O. Box Number is Not Acceptable)  
 221 ALEDO AVE.  
 City CORAL GABLES FL Zip Code 33134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE: *Braulio Pena* DATE: 4/12/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**  
 9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS PENA, BRAULIO A. <input type="checkbox"/> Delete 5800 SW 84TH STREET S MIAMI, FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME 221 ALEDO AVE CORAL GABLES, FL, 33134
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowers.

SIGNATURE: *Braulio Pena* DATE: 4/12/04 DAYTIME PHONE #: 305-443-4005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR