

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 480688

Entity Name: BRAMAN CADILLAC, INC.**Current Principal Place of Business:**2020 BISCAYNE BLVD
MIAMI, FL 33137**Current Mailing Address:**2060 BISCAYNE BLVD
2ND FL
MIAMI, FL 33137 US**FEI Number:** 59-1611594**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KRIEGER, STANLEY J.
2060 BISCAYNE BLVD
2ND FL
MIAMI, FL 33137 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	BRAMAN, NORMAN
Address	2060 BISCAYNE BLVD, 2ND FL
City-State-Zip:	MIAMI FL 33137-5024

Title	VD
Name	LEIBOWITZ, EDWARD R
Address	2060 BISCAYNE BLVD, 2ND FL
City-State-Zip:	MIAMI FL 33137-5024

Title	S
Name	KRIEGER, STANLEY J.
Address	2060 BISCAYNE BLVD, 2ND FL
City-State-Zip:	MIAMI FL 33137-5024

Title	D
Name	BRAMAN , IRMA
Address	2060 BISCAYNE BLVD, 2ND FL
City-State-Zip:	MIAMI FL 33137-5024

Title	T
Name	BERNSTEIN, ROBERT
Address	2060 BISCAYNE BLVD, 2ND FL
City-State-Zip:	MIAMI FL 33137-5024

Title	AS
Name	GRECSEK, TIMOTHY J
Address	2060 BISCAYNE BLVD, 2ND FL
City-State-Zip:	MIAMI FL 33137

Title	ASST. SECRETARY
Name	LEIBOWITZ, DAVID
Address	2060 BISCAYNE BOULEVARD 2ND FLOOR
City-State-Zip:	MIAMI FL 33137

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NORMAN BRAMAN**PRESIDENT****02/11/2015**

Electronic Signature of Signing Officer/Director Detail

Date