


FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90026 033 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000133260

1. Entity Name
 BRASFLOOR INC.



Principal Place of Business
 10738 SANTA ROSA DRIVE
 BOCA RATON, FL 33498-6719

Mailing Address
 10738 SANTA ROSA DRIVE
 BOCA RATON, FL 33498-6719

2. Principal Place of Business
 535 OAKS DR
 Suite, Apt. #, etc.
 APT 111 # 401
 City & State
 Pompano Bch, FL
 Zip
 33069
 Country
 USA

3. Mailing Address
 535 OAKS DR
 Suite, Apt. #, etc.
 APT 111 # 401
 City & State
 Pompano Bch, FL
 Zip
 33069
 Country
 USA

03052006 Chg-P CR2E034 (11/05)

4. FEI Number
 20-3574839
 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DA SILVA, FLAVIO R
 10738 SANTA ROSA DRIVE
 BOCA RATON, FL 33498-6719

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 535 OAKS DR APT 111 # 401
 City Pompano Bch, FL Zip Code 33069

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DA SILVA, FLAVIO R 10738 SANTA ROSA DRIVE BOCA RATON, FL 334986719	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZAIANTCHICK, JOSE RUA PROF ARTHUR RAMOS 241 CONJ. 61 SAO PAULO SP BRASIL, 01454011	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 535 OAKS DR APT 111 # 401 Pompano Bch, FL 33069	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Chapter 119, 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 empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 03/10/2006 Daytime Phone #: (561) 929 6134