


2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90011 015 ***150.00

DOCUMENT # P00000078535	
1. Entity Name BRENES OSCAR TILE, INC.	

Principal Place of Business 6745 SW 132 AVE 211 MIAMI, FL 33183	Mailing Address 901 PONCE DE LEON BLVD SUITE 606 CORAL GABLES, FL 33134
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2. Principal Place of Business Suite, Apt. #, etc. 320 SW 4 AVE. City & State Miami FL Zip 33130 Country	3. Mailing Address Suite, Apt. #, etc. PO BOX 831361 City & State Miami FL Zip 33283 Country USA
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01092006 Chg-P	CR2E034 (11/05)
4. FEI Number 65-1038292	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRENES, OSCAR 6745 SW 132 AVE STE 211 MIAMI, FL 33183	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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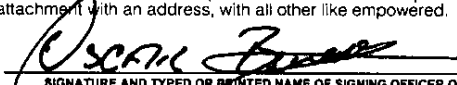
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRENES, OSCAR 6745 SW 132 AVE STE 211 MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **2/2/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #