

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000099040	
1. Entity Name BRAZSTONES FLOOR COVERING, INC.	

Principal Place of Business 6580 BRIARCLIFF ROAD FORT MYERS, FL 33912 US	Mailing Address 6580 BRIARCLIFF ROAD FORT MYERS, FL 33912 US
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DO NOT WRITE IN THIS SPACE



04152004 No Chg-P CR2E034 (10/03)

4. FEI Number 45-0486204	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PEREIRA, ADILSON 6580 BRIARCLIFF ROAD FORT MYERS, FL 33912	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable OR: Registered Agent Signature required when resigning DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREIRA, ADILSON 6580 BRIARCLIFF RD FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREIRA, JULIANA 6580 BRIARCLIFF RD FORT MYERS, FL 33912
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04/27/04-80026-025 150.00**DO NOT WRITE
IN THIS SPACE**

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 empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 04/19/04 Date of Filing