
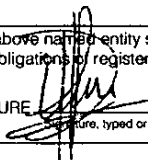


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90371 008 ***158.75

DOCUMENT # P02000134408 1. Entity Name BRACAMONTE TILE & DESIGN CORPORATION					
Principal Place of Business 1432 NE 134 ROAD NORTH MIAMI, FL 33161			Mailing Address 1432 NE 134 ROAD NORTH MIAMI, FL 33161		
2. Principal Place of Business 5877 SW 32 ST <small>Suite, Apt. #, etc.</small>		3. Mailing Address 5877 SW 32 ST <small>Suite, Apt. #, etc.</small>			
City & State DAVIE - Florida		City & State DAVIE - Florida		4. FEI Number 51-0438939	
Zip 33314		Country EE.UU		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRACAMONTE, JULIO C 1432 NE 134 ROAD NORTH MIAMI, FL 33161		7. Name and Address of New Registered Agent Name BRACAMONTE, Julio C. Street Address (P.O. Box Number is Not Acceptable) 5877 SW 32 ST City DAVIE			
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 04/25/06	
(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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRACAMONTE, JULIO C 1432 NE 134 ROAD NORTH MIAMI, FL 33161	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRACAMONTE, JULIO C 5877 SW 32 ST DAVIE - BROWARD - FL - 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: Julio Cesar Bracamonte				DATE: 04/25/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE #: 754-214-0027	

Print name

Signature

Date

Telephone