

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000134408

1. Entity Name
BRACAMONTE TILE & DESIGN CORPORATION



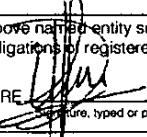
**FILED
May 01, 2006 8:00 am
Secretary of State**

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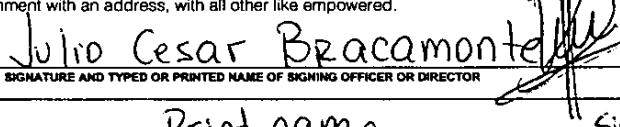


04202006 Chg-P CR2E034 (11/05)

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		3. Mailing Address 5877 SW 32 ST	
Suite, Apt. #, etc. —		Suite, Apt. #, etc. —	
City & State DAVIE - Florida		City & State DAVIE - Florida	
Zip 33314	Country EE. UU.	Zip 33314	Country EE. UU.
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
DATE 04/25/06			
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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

04/25/06 754-214-0027
Date Daytime Phone #

Print name

Signature

Date

Telephone