
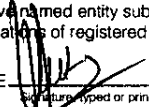
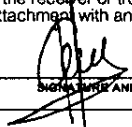


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90411 048 \*\*\*150.00

<b>DOCUMENT # P02000134408</b> 1. Entity Name <b>BRACAMONTE TILE &amp; DESIGN CORPORATION</b>					
Principal Place of Business <b>5877 SW 32ND ST DAVIE, FL 33314</b>			Mailing Address <b>5877 SW 32ND ST DAVIE, FL 33314</b>		
2. Principal Place of Business - No P.O. Box # <b>5877 SW 32 ST</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>DAVIE - FL</b>		City & State ---		4. FEI Number <b>51-0438939</b> Applied For - APPLIED FOR Not Applicable	
Zip <b>33314</b>	Country <b>EE.UU.</b>	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BRACAMONTE, JULIO C 5877 SW 32ND CT DAVIE, FL 33314</b>				7. Name and Address of New Registered Agent Name <b>BRACAMONTE Julio Cesar</b> Street Address (P.O. Box Number is Not Acceptable) <b>5877 SW 32 ST</b> City <b>DAVIE</b> FL Zip Code <b>33314</b>	
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  <b>Julio Cesar Bracamonte</b> <b>04/27/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P BRACAMONTE, JULIO C 5877 SW 32ND ST DAVIE, FL 33314</b>	<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			
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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"/> Delete			
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:  <b>Julio Cesar Bracamonte</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40089111



04232007 Chg-P CR2E034 (12/06)

04/27/07 (305-303 8567) cel

(954-587-8628)