

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000009962

Entity Name: BRAZA TILE & MARBLE, INC.

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

11 CYPRESS HOLLOW LANE
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

11 CYPRESS HOLLOW LANE
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 42-1614640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DASILVA, ALTAIR
11 CYPRESS HOLLOW LANE
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DASILVA, ALTAIR
Address: 11 CYPRESS HOLLOW LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: SOUZA, ARLITO
Address: 904 S. PENINSULA DRIVE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D (X) Delete
Name: SANTOS, DEYVID
Address: 904 S. PENINSULA DRIVE
City-St-Zip: DAYTONA BEACH, FL 32118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DA SILVA, ADIRSON P
Address: 11 CYPRESS HOLLOW LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALTAIR DA SILVA

P

04/27/2005

Electronic Signature of Signing Officer or Director

Date