2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2007
Secretary of State

DOCUMENT# P04000010755

Entity Name: BRAZILIAN BEST TILE & MARBLE, INC

Current Principal Place of Business:

5392 NW MARA CT
PORT SAINT LUCIE, FL 34986

New Principal Place of Business:

6966 HERITAGE DR
PORT SAINT LUCIE, FL 34952

Current Mailing Address:

5392 NW MARA CT
PORT SAINT LUCIE, FL 34986

New Mailing Address:

6966 HERITAGE DR
PORT SAINT LUCIE, FL 34952

FEI Number: 54-2066199 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUARTE, ANDERSON
5392 NW MARA CT
PORT SAINT LUCIE, FL 34986 US

Name and Address of New Registered Agent:

DUARTE, ANDERSON
6966 HERITAGE DR
PORT SAINT LUCIE, FL 34952 US

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: ANDERSON DUARTE 05/06/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DUARTE, ANDERSON
Address: 5392 NW MARA CT
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VP (X) Delete
Name: DE SOUSA, JOSE L
Address: 5392 NW MARA CT
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: SEC ( ) Delete
Name: COSTA, LOURIVALDO
Address: 431 SE FAITH TERR
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: TRE (X) Delete
Name: DUARTE, BONNIE S
Address: 5392 NW MARA CRT
City-St-Zip: PORT ST LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DUARTE, ANDERSON
Address: 6966 HERITAGE DR
City-St-Zip: PORT SAINT LUCIE, FL 34952

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ANDERSON DUARTE P 05/06/2007
Electronic Signature of Signing Officer or Director Date