2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000010755

Entity Name: BRAZILIAN BEST TILE & MARBLE, INC

FILED Jul 06, 2009 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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6966 HERITAGE DR
PORT SAINT LUCIE, FL 34952
314 NE GREENBRIER AVENUE
PORT SAINT LUCIE, FL 34983

Current Mailing Address: New Mailing Address:

6966 HERITAGE DR
PORT SAINT LUCIE, FL 34952
SUITE 208
JENSEN BEACH, FL 34957

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DUARTE, ANDERSON
6966 HERITAGE DR
9ORT SAINT LUCIE, FL 34952 US
DUARTE, ANDERSON
314 NE GREENBRIER AVENUE
PORT SAINT LUCIE, FL 34983 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 07/06/2009

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition DUARTE, ANDERSON DUARTE, ANDERSON Name: Name: 6966 HERITAGE DR Address: 314 NE GREENBRIER AVENUE Address: City-St-Zip: PORT SAINT LUCIE, FL 34952 City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VP (X) Delete Title: () Change () Addition

 Name:
 DE SOUSA, JOSE L
 Name:

 Address:
 6966 HERITAGE DR.
 Address:

 City-St-Zip:
 PORT ST LUCIE, FL 34952
 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 07/06/2009