

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Aug 17, 2006
Secretary of State**

DOCUMENT# P04000075001

Entity Name: BRAMA INSTALLATION INC.

Current Principal Place of Business:

2743 DONNELLY DRIVE
SUITE 615
LAKE WORTH, FL 33462 US

New Principal Place of Business:

815 HARBOR INN DR
CORAL SPRINGS, FL 33071 US

Current Mailing Address:

2743 DONNELLY DRIVE
SUITE 615
LAKE WOTH, FL 33462 US

New Mailing Address:

815 HARBOR INN DR
CORAL SPRINGS, FL 33071 US

FEI Number: 54-2153009 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRACAMONTE, CRISTIAN H MR.
2743 DONNELLY DRIVE
SUITE 615
LAKE WORTH, FL 33462 US

Name and Address of New Registered Agent:

BRACAMONTE, CRISTIAN H MR.
815 HARBOR INN DR
CORAL SPRINGS, FL 33071 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: _____ 08/17/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRACAMONTE, CRISTIAN
Address: 2743 DONNELLY DRIVE, SUITE 615
City-St-Zip: LAKE WORTH, FL 33462 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BRACAMONTE, CRISTIAN
Address: 815 HARBOR INN DR
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: S () Change (X) Addition
Name: LEONEL, THIAGO
Address: 815 HARBOR INN DR
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: V () Change (X) Addition
Name: MAIO, KARINA
Address: 815 HARBOR INN DR
City-St-Zip: CORAL SPRINGS, FL 33071 US

I hereby certify that the information supplied with this filing does not qualify for the 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: BRACAMONTE CRISTIAN PD 08/17/2006
Electronic Signature of Signing Officer or Director Date