


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000150152		
1. Entity Name THE BROTHER'S CLASSIC FLOORING, CORP.		
Principal Place of Business 10000 NW 80TH CT UNIT 2426 HIALEAH GARDENS, FL 33016	Mailing Address 10000 NW 80TH CT UNIT 2426 HIALEAH GARDENS, FL 33016	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SOTOMAYOR, JOSUE 10000 NW 80TH CT UNIT 2426 HIALEAH GARDENS, FL 33016		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		4. FEI Number 20-1833584
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
10. OFFICERS AND DIRECTORS		U00000524901 05/04/06-80008-024 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOTOMAYOR, JOSUE 10000 NW 80TH CT HIALEAH GARDENS, FL 33016	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOTOMAYOR, HUMBERO E 5395 NW 190 ST OPA-LOCKA, FL 33055	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOTOMAYOR, JEFTE 5395 NW 190 ST OPA-LOCKA, FL 33016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 another like empowered.		
SIGNATURE: <u><i>Jefte Sotomayor</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>04/13</u> Daytime Phone # <u>(305) 970 0012</u>