



**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

5 **FILED**  
**Jun 16, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90255 017 \*\*\*150.00

<b>DOCUMENT # P05000101881</b>					
1. Entity Name <b>BRAZIL STONES IMPORTS, INC</b>					
Principal Place of Business <b>5713 NW 114 CT #110 DORAL, FL 33178</b>			Mailing Address <b>5713 NW 114 CT #110 DORAL, FL 33178</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>30-0133825</b>	
6. Name and Address of Current Registered Agent <b>FURTADO, ROBERTO I 5713 NW 114 CT #110 DORAL, FL 33178</b>				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
FL				Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$650.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>FURTADO, ROBERTO I</b>		NAME		
STREET ADDRESS	<b>5713 NW 114 CT #110</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>DORAL, FL 33178</b>		CITY- ST- ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MACEDO, FRANCIANE F</b>		NAME		
STREET ADDRESS	<b>5713 NW 114 CT #110</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>DORAL, FL 33178</b>		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			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 all other like empowered.					
SIGNATURE: <i>X</i> 			4-27-06 (305) 753 0441		
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR			Date Daytime Phone #		



04272006 Chg-P CRZE034 (11/05)

4. FEI Number **30-0133825** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

