


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90026 033 ***150.00

DOCUMENT # P05000133260			
1. Entity Name BRASFLOOR INC.			
Principal Place of Business 10738 SANTA ROSA DRIVE BOCA RATON, FL 33498-6719		Mailing Address 10738 SANTA ROSA DRIVE BOCA RATON, FL 33498-6719	
2. Principal Place of Business 535 OAKS DR Suite, Apt. #, etc. APT 111 # 401 City & State Pompano Bch, FL Zip 33069 Country USA		3. Mailing Address 535 OAKS DR Suite, Apt. #, etc. APT 111 # 401 City & State Pompano Bch, FL Zip 33069 Country USA	
4. FEI Number 03052006 Chg-P CR2E034 (11/05)		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DA SILVA, FLAVIO R 10738 SANTA ROSA DRIVE BOCA RATON, FL 33498-6719		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 535 OAKS DR APT 111 # 401 City Pompano Bch, FL Zip Code 33069	
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) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DA SILVA, FLAVIO R 10738 SANTA ROSA DRIVE BOCA RATON, FL 334986719 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 535 OAKS DR APT 111 # 401 Pompano Bch, FL 33069
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZAIANTCHICK, JOSE RUA PROF ARTHUR RAMOS 241 CONJ. 61 SAO PAULO SP BRASIL, 01454011 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 03/10/2006 (561) 929 6134 <small>Daytime Phone #</small>	