

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000154357

FILED  
Mar 14, 2005  
Secretary of State

Entity Name: GONCALVES CARPET INSTALLATION, INC

## Current Principal Place of Business:

421 GRAND CLUB PLACE  
FORT PIERCE, FL 34982

## New Principal Place of Business:

## Current Mailing Address:

421 GRAND CLUB PLACE  
FORT PIERCE, FL 34982

## New Mailing Address:

FEI Number: 20-0494657

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOHNSON, AL  
2057 S. US #1  
FORT PIERCE, FL 34950 US

## Name and Address of New Registered Agent:

TAXPLACE CORP  
2721 S. US 1  
SUITE 9  
FORT PIERCE, FL 34982 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: CLAUDIO RIBEIRO

03/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GONCALVES, SANDRO  
Address: 421 GRAND CLUB PLACE  
City-St-Zip: FORT PIERCE, FL 34982

Title: VP ( ) Delete  
Name: GONCALVES, SANDRO  
Address: 421 GRAND CLUB PLACE  
City-St-Zip: FORT PIERCE, FL 34982

Title: SEC ( ) Delete  
Name: GONCALVES, SANDRO  
Address: 421 GRAND CLUB PLACE  
City-St-Zip: FORT PIERCE, FL 34982

Title: TRES (X) Delete  
Name: GONVALES, SANDRO  
Address: 421 GRAND CLUB PLACE  
City-St-Zip: FORT PIERCE, FL 34982

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: GONCALVES, SANDRO  
Address: 421 GRAND CLUB PLACE  
City-St-Zip: FORT PIERCE, FL 34982

Title: D (X) Change ( ) Addition  
Name: BATISTA, EDER C  
Address: 807 MADES  
City-St-Zip: FORT PIERCE, FL 34947 US

Title: D (X) Change ( ) Addition  
Name: ANDRADE, CARLOS L  
Address: 214 PETALS RD  
City-St-Zip: FORT PIERCE, FL 34947

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SANDRO GONCALVES

PD

03/14/2005

Electronic Signature of Signing Officer or Director

Date