

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000154357

FILED
Apr 14, 2007
Secretary of State

Entity Name: GONCALVES CARPET INSTALLATION, INC

Current Principal Place of Business:

421 GRAND CLUB PLACE
FORT PIERCE, FL 34982 US

New Principal Place of Business:

1692 VISTA LAKE CIRCLE
MELBOURNE, FL 32904 US

Current Mailing Address:

421 GRAND CLUB PLACE
FORT PIERCE, FL 34982 US

New Mailing Address:

1692 VISTA LAKE CIRCLE
MELBOURNE, FL 32904 US

FEI Number: 20-0494657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONCALVES, SANDRO
421 GRAND CLUB PLACE
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

GONCALVES, SANDRO
1692 VISTA LAKE CIRCLE
MELBOURNE, FL 32904 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: SANDRO GONCALVES

04/14/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: D () Delete
Name: CASCAIS, IDELZINO R
Address: 807 MADES DR.
City-St-Zip: FORT PIERCE, FL 34947 US

Title: D () Delete
Name: SILVA, RICARDO V
Address: 901 MADES DR.
City-St-Zip: FORT PIERCE, FL 34947 US

Title: D (X) Delete
Name: ABREU, DERCI A
Address: 807 MADES DR.
City-St-Zip: FORT PIERCE, FL 34947 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GONCALVES, SANDRO
Address: 1692 VISTA LAKE CIRCLE
City-St-Zip: MELBOURNE, FL 32904 US

Title: D (X) Change () Addition
Name: SILVA, DOMINGOS L
Address: 1273 PERRY AVE
City-St-Zip: PALM BAY, FL 32907 US

Title: D (X) Change () Addition
Name: ABREU, DERCI A
Address: 1273 PERRY AVE
City-St-Zip: PALM BAY, FL 32907 US

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 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: SANDRO GONCALVES

P/D

04/14/2007

Electronic Signature of Signing Officer or Director

Date