## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000062219

Entity Name: JOAO PAULO FERNANDES GONCALVES INC

FILED Jun 06, 2006 Secretary of State

| Current Principal Place of Business:          |  |            |                                | New Principal Place of Business:            |  |  |
|---|--|------------|--------------------------------|---|--|--|
|   | EMDEN ST<br>NT LUCIE, FL   | 34953      | US                             |   |  |  |
| Current Mailing Address:                      |  |            |                                | New Mailing Address:                        |  |  |
|   | EMDEN ST<br>NT LUCIE, FL   | 34953      | US                             |   |  |  |
| FEI Number                                    | : 20-1002111   | FEI Nu     | mber Applied For()             | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: |  |            |                                | Name and Address o                          | Name and Address of New Registered Agent:    |  |
| 3401 SW I<br>PORT SAI<br>The above            | /ES, JOAO PAI<br>EMDEN ST<br>NT LUCIE, FL<br>e named entity se of Florida. | 34953      | US<br>this statement for the p | ourpose of changing its registered          | d office or registered agent, or both,       |  |
| SIGNATUI                                      | RE:  |            |                                |   |  |  |
|   | Electron   | ic Signa   | ture of Registered Ag          | ent   | Date   |  |
| Election Ca                                   | mpaign Financing   | j Trust Fu | ınd Contribution ( ).          |   |  |  |
| OFFICERS AND DIRECTORS:                       |  |            |                                | ADDITIONS/CHANGE                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | PS ()<br>GONCALVES, J<br>3401 SW EMDE<br>PORT SAINT LL                     | EN ST      |                                | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:                   | VPT ()<br>SARTORI, PRIS<br>3401 SW EMDE                                    |            |                                | Title:<br>Name:<br>Address:                 | ( ) Change ( ) Addition                      |  |

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: JOAO PAULO FERNANDES GONCALVES SR 06/06/2006

PORT SAINT LUCIE, FL 34953 US

City-St-Zip: