

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # P04000062219 1. Entity Name JOAO PAULO FERNANDES GONCALVES INC	
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Principal Place of Business 19638 COLORADO CIRCLE BOCA RATON, FL 33432 US	Mailing Address 19638 COLORADO CIRCLE BOCA RATON, FL 33432 US
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DO NOT WRITE IN THIS SPACE

02122008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1002111	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GONCALVES, JOAO PAULO F
19638 COLORADO CIRCLE
BOCA RATON, FL 33432**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000850949 03/25/08-80019-007 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GONCALVES, JOAO PAULO F 19638 COLORADO CIRCLE BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SARTORI, PRISCILA 19638 COLORADO CIRCLE BOCA RATON, FL 33432
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**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/08 (954)297-2093
Date Daytime Phone #