## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000144688

3355 CLAIRE LN., SUITE 109

JACKSONVILLE, FL 32223

Address City-St-Zip:

**Entity Name: ITAPURANGA INC** 

FILED Jul 20, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3355 CLAIRE LN SUITE 109 JACKSONVILLE, FL 32223 US **New Mailing Address: Current Mailing Address:** 3355 CLAIRE LN SUITE 109 JACKSONVILLE, FL 32223 US FEI Number: 20-3684061 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DE OLIVEIRA, CLERIO A ACCOUNT BOOKKEEPING CORP 3355 CLAIRE LN 5950 LAKEHURST DR SUITE 109 246 JACKSONVILLE, FL 32223 US ORLANDO, FL 32223 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: JOYCE NASCIMENTO 07/20/2006 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition DE OLIVEIRA, CLERIO A Name: Name: 3355 CLAIRE LN SUITE 109 Address: Address: City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: Title: Title: () Delete () Change () Addition ARRUDA, WALTER Name: Name: 3355 CLAIRE LANE, STE. 109 Address: Address: JACKSONVILLE, FL 32223 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition DE OLIVEIRA, CLEILO A Name: Name:

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.

Address:

City-St-Zip:

Ρ SIGNATURE: CLERIO DE OLIVEIRA 07/20/2006