

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000144688

Entity Name: ITAPURANGA INC

FILED
Jul 17, 2008
Secretary of State

Current Principal Place of Business:

3355 CLAIRE LN
SUITE 109
JACKSONVILLE, FL 32223 US

New Principal Place of Business:

11881 MOUNTAIN ASH RD
JACKSONVILLE, FL 32223 US

Current Mailing Address:

3355 CLAIRE LN
SUITE 109
JACKSONVILLE, FL 32223 US

New Mailing Address:

11881 MOUNTAIN ASH RD
JACKSONVILLE, FL 32223 US

FEI Number: 20-3684061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ACCOUNT BOOKKEEPING CORP
5950 LAKEHURST DR
246
ORLANDO, FL 32223 US

Name and Address of New Registered Agent:

SHOCKMEDIA CORPORATION
9766 OLD SAINT AUGUSTINE RD
2
JACKSONVILLE, FL 32257 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: JOSE JARDIM JUNIOR

07/17/2008

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:

Title: VP () Delete
Name: DE OLIVEIRA, CLERIO A
Address: 3355 CLAIRE LN SUITE 109
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete
Name: ARRUDA, WALTER
Address: 3355 CLAIRE LANE, STE. 109
City-St-Zip: JACKSONVILLE, FL 32223

Title: P () Delete
Name: DE OLIVEIRA, CLEILO A
Address: 3355 CLAIRE LN., SUITE 109
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: DE OLIVEIRA, CLERIO A
Address: 11881 MOUNTAIN ASH RD
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: D (X) Change () Addition
Name: ARRUDA, WALTER
Address: 11881 MOUNTAIN ASH RD
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: P (X) Change () Addition
Name: DE OLIVEIRA, CLEILO A
Address: 11881 MOUNTAIN ASH RD
City-St-Zip: JACKSONVILLE, FL 32223 US

I hereby certify that the information supplied with this filing does not qualify 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: WALTER ARRUDA

D

07/17/2008

Electronic Signature of Signing Officer or Director

Date