2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000150585

Address:

City-St-Zip:

1227 STONEHEDGE TRAIL LN

SAINT AUGUSTINE, FL 32092 FL

FILED Apr 26, 2007 Secretary of State

Entity Nar	me: PINTO GENE	RAL SERVICES, CO.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	NEHEDGE TRAIL L GUSTINE, FL 3209				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	NEHEDGE TRAIL L GUSTINE, FL 3209				
FEI Number:	: 20-3780409 FE	I Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SHOCKMEDIA CORP. 7862 IRLO BRONSON HWY 121				SHOCKMEDIA CORP. 9766 OLD ST AUGUSTINE RD	
KISSIMMEE, FL 34747 US			JACKSONVILLE, FL :	JACKSONVILLE, FL 32257 US	
	named entity subme of Florida.	nits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: JOSE JARDIM JUNIOR				04/26/2007	
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financing Tru	st Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Dele PINTO, JOANA D 1227 STONEHEDGE SAINT AUGUSTINE,	TRAIL LN	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Dele LIMA FILHO, ADELC 1227 STONEHEDGE SAINT AUGUSTINE,	IO G TRAIL LN	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VP () Dele	te	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: JOANA D PINTO P 04/26/2007