

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000056943

FILED
Jul 23, 2007
Secretary of State

Entity Name: GASPARTECNICA FLOOR COVERING, CO.

Current Principal Place of Business:

12384 RICARDS GLEN CT
JACKSONVILLE, FL 32258 US

New Principal Place of Business:

6251 DEVONHURST DR
JACKSONVILLE, FL 32258 US

Current Mailing Address:

12384 RICARDS GLEN CT
JACKSONVILLE, FL 32258 US

New Mailing Address:

6251 DEVONHURST DR
JACKSONVILLE, FL 32258 US

FEI Number: 20-4736195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOCKMEDIA CORPORATION
7862 W IRLO BRONSON HWY
121
KISSIMMEE, FL 34747 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: GASPARETO, LICEU E
Address: 12384 RICARDS GLEN CT
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: S () Delete
Name: PONTUAL, EMANUEL
Address: 12602 ST AUGUSTINE RD
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: S () Delete
Name: TOMAZ, EMERSON
Address: 12602 ST AUGUSTINE RD
City-St-Zip: JACKSONVILLE, FL 32258 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: GASPARETO, LICEU E
Address: 6251 DEVONHURST DR
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LICEU EXPEDITO GASPARETO

OWNE

07/23/2007

Electronic Signature of Signing Officer or Director

Date