

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000079797

Entity Name: LJR FLOORING, CORP.

FILED
May 10, 2007
Secretary of State

Current Principal Place of Business:

9625 AMARANTE CIRCLE
12
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

3900 OLD FIELD CROSSING
509
JACKSONVILLE, FL 32223 US

Current Mailing Address:

9625 AMARANTE CIRCLE
12
JACKSONVILLE, FL 32257 US

New Mailing Address:

3900 OLD FIELD CROSSING
509
JACKSONVILLE, FL 32223 US

FEI Number: 20-5023278

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:

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

05/10/2007

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: P (X) Delete
Name: DE MEDEIROS, LUIS H
Address: 9265 AMARANTE CIRCLE, #12
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: S () Delete
Name: OLIVEIRA, EDSON L
Address: 9265 AMARANTE CIRCLE, #12
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: S (X) Delete
Name: GODINHO, RUBENS
Address: 9265 AMARANTE CIRCLE, #12
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PST (X) Change () Addition
Name: OLIVEIRA, EDSON L
Address: 3900 OLD FIELD CROSSING
City-St-Zip: JACKSONVILLE, FL 32223 US

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: EDSON L OLIVEIRA

P

05/10/2007

Electronic Signature of Signing Officer or Director

Date