

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000115724

FILED  
Mar 14, 2009  
Secretary of State

Entity Name: PEDROSKI SERVICES INC.

## Current Principal Place of Business:

5722 BRIAR DR  
ORLANDO, FL 32819 US

## New Principal Place of Business:

11921 CATERWOOD DR  
JACKSONVILLE, FL 32246 US

## Current Mailing Address:

5722 BRIAR DR  
ORLANDO, FL 32819 US

## New Mailing Address:

11921 CATERWOOD DR  
JACKSONVILLE, FL 32246 US

FEI Number: 20-8353654

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHOCKMEDIA CORPORATION  
1650 SANDLAKE RD  
110  
ORLANDO, FL 32809 US

## Name and Address of New Registered Agent:

TAX DIRECT CO  
1650 SANDLAKE RD  
110  
ORLANDO, FL 32809 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 JR

03/14/2009

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 ( ) Delete  
Name: GARCIA, SIDNEY  
Address: 5722 BRIAR DR  
City-St-Zip: ORLANDO, FL 32819 US

Title: VP ( ) Delete  
Name: GONCALVES, FERNANDO  
Address: 5722 BRIAR DR  
City-St-Zip: ORLANDO, FL 32819 US

Title: S ( ) Delete  
Name: DA SILVA, CESAR R  
Address: 5722 BRIAR DR  
City-St-Zip: ORLANDO, FL 32819 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change ( ) Addition  
Name: GONCALVES, FERNANDO  
Address: 11921 CATERWOOD DR  
City-St-Zip: JACKSONVILLE, FL 32246 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: FERNANDO GONCALVES

P

03/14/2009

Electronic Signature of Signing Officer or Director

Date