

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000041694

Entity Name: ESPRESSIVO MEDIA INC

**FILED**  
**Apr 08, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2574 WHISPERING PINES DR  
FLEMING ISLAND, FL 32003 US

**New Principal Place of Business:**

**Current Mailing Address:**

2574 WHISPERING PINES DR  
FLEMING ISLAND, FL 32003 US

**New Mailing Address:**

FEI Number: 48-4824905

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOOKKEEPER, NETTLES J BONNIE  
2574 WHISPERING PINES DR  
FKEMING ISLAND, FL 32003 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: NETTLES, BRYAN E  
Address: 841 MARIA LANE  
City-St-Zip: SUNNYVALE, CA 94086 US

Title: VP  
Name: NETTLES, BRYAN E  
Address: 841 MARIA LANE  
City-St-Zip: SUNNYVALE, CA 94086 US

Title: T  
Name: NETTLES, BRYAN E  
Address: 841 MARIA LANE  
City-St-Zip: SUNNYVALE, CA 94086 US

I hereby 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 all other like empowered.

SIGNATURE: BRYAN E NETTLES

P

04/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date