

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F69539

FILED
Mar 25, 2009
Secretary of State

Entity Name: GASPERONI REAL ESTATE, INC.

Current Principal Place of Business:

% EMIL GASPERONI
2501 EAST COMMERCIAL BLVD.
FT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

% EMIL GASPERONI
2501 EAST COMMERCIAL BLVD.
FT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 59-2184370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTIANSEN, MICHAEL
2750 N. FEDERAL HWY.
SUITE 206
FT. LAUDERDALE, FL 33306 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: PTD () Delete
Name: GASPERONI, SAM
Address: 2501 E. COMMERCIAL BLVD
City-St-Zip: FT. LAUDERDALE, FL

Title: VPS () Delete
Name: GASPERONI, MARILYN
Address: 2501 E COMMERCIAL BLVD
City-St-Zip: FT. LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SAM GASPERONI

PTD

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date