

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 10, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N05000004957

1. Entity Name  
GLORIA MARTIN FOUNDATION, INC.



Principal Place of Business  
2127 BRICKELL AVENUE  
PENTHOUSE 3602  
MIAMI, FL 33129

Mailing Address  
2127 BRICKELL AVENUE  
PENTHOUSE 3602  
MIAMI, FL 33129



07032007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3756383

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

NOSTRO, LOUIS  
201 SOUTH BISCAYNE BOULEVARD  
1500 MIAMI CENTER  
MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME MARTIN, GLORIA  
STREET ADDRESS 2127 BRICKELL AVENUE, PH 3602  
CITY-ST-ZIP MIAMI, FL 33129

TITLE D  
NAME ZUCCHETTO, DONNA  
STREET ADDRESS 2127 BRICKELL AVENUE, PH 3602  
CITY-ST-ZIP MIAMI, FL 33129

TITLE D  
NAME NOSTRO, LOUIS  
STREET ADDRESS C/O 201 SOUTH BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000767784  
07/10/07-80019-013 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Gloria Martin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*July 6/07*  
Date

*305-888-3122*  
Daytime Phone #