


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2007 08:00 AM
Secretary of State

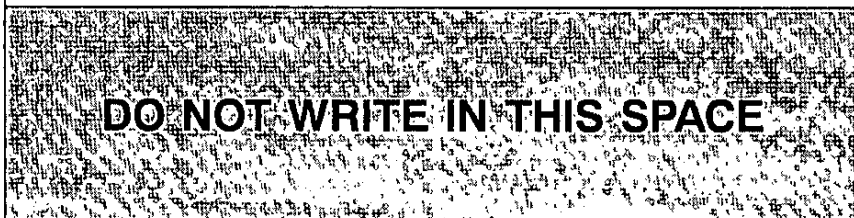
DOCUMENT # P03000156925

1. Entity Name
LUISMARTA PROPERTIES, INC.



Principal Place of Business Mailing Address

8201 BAY TREE LANE **8201 BAY TREE LANE**
JACKSONVILLE, FL 32256 **JACKSONVILLE, FL 32256**



02122007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
20-0844627 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MACLEAN, MARK B
1645 SAN MARCO BLVD.
SUITE 1
JACKSONVILLE, FL 32207



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.

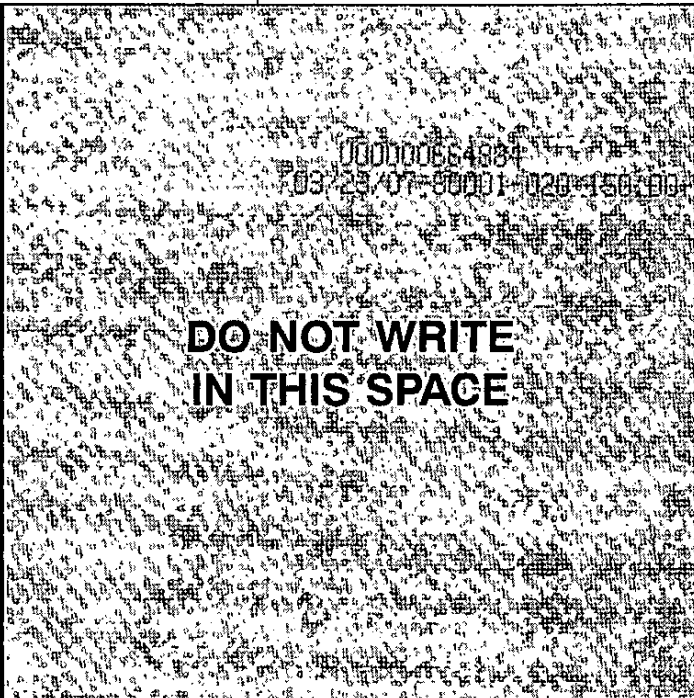
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | P |
| NAME | ANEZ, LUIS |
| STREET ADDRESS | 8201 BAY TREE LANE |
| CITY-ST-ZIP | JACKSONVILLE, FL 32256 |
| TITLE | V |
| NAME | ANEZ, MARTA |
| STREET ADDRESS | 8201 BAY TREE LANE |
| CITY-ST-ZIP | JACKSONVILLE, FL 32256 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |



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 607, 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: *Facilme* Date: 2/12/07 Daytime Phone #: 904-2605112