


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90389 028 \*\*\*150.00

<b>DOCUMENT # P03000156925</b> 1. Entity Name <b>LUISMARTA PROPERTIES, INC.</b>	
---	---

Principal Place of Business <b>8201 BAY TREE LANE JACKSONVILLE, FL 32256</b>	Mailing Address <b>8201 BAY TREE LANE JACKSONVILLE, FL 32256</b>
---	---

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State	Zip	Country

  
 04102008 Chg-P CR2E034 (12/06)  
 4. FEI Number **20-0844627** Applied For  
 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**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
---	---	--

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete	NAME	ANEZ, LUIS	STREET ADDRESS	8201 BAY TREE LANE	CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	V	<input type="checkbox"/> Delete	NAME	ANEZ, MARTA	STREET ADDRESS	8201 BAY TREE LANE	CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE		<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date **4/5/08** Daytime Phone # **904-363-0327**