


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90404 019 \*\*\*150.00

<b>DOCUMENT # P04000084274</b>	
1. Entity Name <b>GISTERA, CORPORATION</b>	

Principal Place of Business <b>15419 SW 32 TERR MIAMI, FL 33185-4727</b>	Mailing Address <b>15419 SW 32 TERR MIAMI, FL 33185-4727</b>
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2. Principal Place of Business - No P.O. Box # <b>784 Porto Cristo Ave.</b>	3. Mailing Address <b>784 Porto Cristo Ave.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Saint Augustine, Fl.</b>	City & State <b>Saint Augustine, Fl.</b>
Zip <b>32092</b>	Country <b>USA</b>
Zip <b>32092</b>	Country <b>USA</b>

04282007 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-2154776</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>ARIAS-QUESADA, 15419 SW 32 TERR MIAMI, FL 33185-4727</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when renating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVS ARIAS-QUESADA, GISELA C 15419 SW 32 TERR MIAMI, FL 331854727</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>784 Porto Cristo Ave. Saint Augustine, Fl. 32092</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SV QUESADA, NOEL 15419 SW 32 TERRACE MIAMI, FL 331854727</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>784 Porto Cristo Ave. Saint Augustine, Fl. 32092</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:** *Nisile L. Quesada* **4/28/07 (605) 527-7022**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #