

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000097068	
1. Entity Name GUSMAR REALTY, INC.	

Principal Place of Business 10472 EAST PARK WOODS DRIVE ORLANDO FL 32832	Mailing Address 10472 EAST PARK WOODS DRIVE ORLANDO FL 32832
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
State, Apt. #, etc.	State, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State	City & State
Zip	Country

4. FEI Number 59-3391016	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ARIAS, GUSTAVO 10472 EASTPARK WOODS DR ORLANDO FL 32832	
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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	Signature, typed or printed name of registered agent and title, if applicable.	DATE
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FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

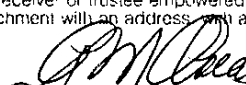
NOTE: Registered Agent Signature Required when constituting

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

10. OFFICERS AND DIRECTORS	
TITLE	☐ Delete
NAME	ARIAS, GUSTAVO
STREET ADDRESS	10472 EASTPARK WOODS DR
CITY-ST-ZIP	ORLANDO FL 32832
TITLE	☐ Delete
NAME	ARIAS, MARISELA
STREET ADDRESS	10472 EASTPARK WOODS DR
CITY-ST-ZIP	ORLANDO FL 32832
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	U000000799397
STREET ADDRESS	01/30/08-80066-026 8.75
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	U000000799397
STREET ADDRESS	01/30/08-80066-025 150.00
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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 Section 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, and all other like empowered.

SIGNATURE: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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