

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90053 025 \*\*\*150.00

**DOCUMENT # P05000145235**

1. Entity Name  
**GASPAR MARTINEZ, INC.**



Principal Place of Business  
**1043 SOARING EAGLE LN  
KISSIMMEE, FL 34746 US**

Mailing Address  
**1043 SOARING EAGLE LN  
KISSIMMEE, FL 34746 US**

2. Principal Place of Business - No P.O. Box #  
**1809 PARADISE DR**

3. Mailing Address  
**1809 PARADISE DR**

Suite, Apt. #, etc.

City & State  
**Kissimmee**

City & State  
**Kissimmee**

Zip  
**34741**

Country  
**USA**

Zip  
**34741**

Country  
**USA**

04172007 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-3697379**

Applied For  
☐ Not Applicable

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

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

**MARTINEZ, GASPAR  
1043 SOARING EAGLE LN  
KISSIMMEE, FL 34746**

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

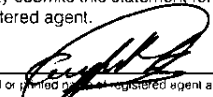
Name

Street Address (P.O. Box Number is Not Acceptable)

**1809 PARADISE DR.**

City **Kissimmee** FL Zip Code **34741**

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 **4 17 07**

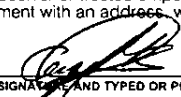
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>Change</b>	<input type="checkbox"/> Addition
NAME <b>MARTINEZ, GASPAR</b>		NAME <b>1809 PARADISE DR.</b>	
STREET ADDRESS <b>1043 SOARING EAGLE LN</b>		STREET ADDRESS <b>KISSIMMEE, FL 34741</b>	
CITY-ST-ZIP <b>KISSIMMEE, FL 34746</b>		CITY-ST-ZIP <b>KISSIMMEE, FL 34741</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME <b>MARTINEZ, DARIO</b>		NAME <b>1809 PARADISE DR</b>	
STREET ADDRESS <b>1043 SOARING EAGLE LN</b>		STREET ADDRESS <b>KISSIMMEE, FL 34741</b>	
CITY-ST-ZIP <b>KISSIMMEE, FL 34746</b>		CITY-ST-ZIP <b>KISSIMMEE, FL 34741</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  DATE **4 17 07** Daytime Phone # **407 616 2378**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR