2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000156737

1. Entity Name
INSTRUMARKET, INC.

Principal Place of Business	Mailing Address
78482 SW 163 PL	7482 SW 163 PL
MIAMI, FL 33193	MIAMI, FL 33193

DO NOT WRITE IN THIS SPACE

01302007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
75-3204505	Not Applicable

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

6. Name and Address of Current Registered Agent

GHINI, GRAZIELLA
7482 SW 163 PL
MIAMI, FL 33193

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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 2/15/07

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

U00000640768
02/28/07-80078-023 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	GHINI, GIORGIO
STREET ADDRESS	7482 SW 163 PL
CITY-ST-ZIP	MIAMI, FL 33193
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _____   2/15/2007   305-3822696

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