

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90172 004 ***150.00

DOCUMENT # P06000144734					
1. Entity Name LUIS GAMARRA PA.					
Principal Place of Business 14544 CEDAR BRANCH WAY ORLANDO, FL 32824			Mailing Address 14544 CEDAR BRANCH WAY ORLANDO, FL 32824		
2. Principal Place of Business - No P.O. Box # 1924 WINDCREST LAKE CIR.		3. Mailing Address 1924 WINDCREST LAKE CIR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ORLANDO, FL.		City & State ORLANDO, FL.		4. FEI Number 20-5918001	
Zip 32824		Country U.S.		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03142008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent GAMARRA, LUIS 14544 CEDAR BRANCH WAY ORLANDO, FL 32824			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1924 WINDCREST LAKE CIR. City ORLANDO FL Zip Code 32824		
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: 03/14/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GAMARRA, LUIS <input type="checkbox"/> Delete 14544 CEDAR BRANCH WAY ORLANDO, FL 32824		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1924 WINDCREST LAKE CIR. ORLANDO, FL 32824	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAMARRA, ANA <input checked="" type="checkbox"/> Delete 14544 CEDAR BRANCH WAY ORLANDO, FL 32824		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/O DIANALY MORALES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1924 WINDCREST LAKE CIR. ORLANDO, FL 32824	
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	
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	
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:			03/14/08 407 579 3653 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND SIGNED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					