

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P09000017558

1. Entity Name  
GASPARETTO SERVICES CORP



12 MAY 17 PM 3:11

Principal Place of Business  
4891 GOLFVIEW BLVD  
LEHIGH ACRES, FL 33973 US

Mailing Address  
4891 GOLFVIEW BLVD  
LEHIGH ACRES, FL 33973 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05092012 Chg-P CR2E034 (12/11)

4. FEI Number  
26-4338695

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAUGHN, THAIARA  
4891 GOLFVIEW BLVD  
LEHIGH ACRES, FL 33973

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00  
Due by September 28, 2012

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

REMITTED BY MAY 1

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME VAUGHN, THAIARA  
STREET ADDRESS 4891 GOLFVIEW BLVD  
CITY - ST - ZIP LEHIGH ACRES, FL 33973

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE D ☐ Delete  
NAME DA SILVA, FHABLO  
STREET ADDRESS 4891 GOLFVIEW BLVD  
CITY - ST - ZIP LEHIGH ACRES, FL 33973

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY - ST - ZIP

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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: fhablocs@HOTMAIL.COM 04/30/12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

E-MAIL ADDRESS