

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90019 034 ***550.00

DOCUMENT # S97825			
1. Entity Name GTME TRADING CORP.			
Principal Place of Business 10425 SW 22 STREET MIAMI, FL 33165 US		Mailing Address 10425 SW 22 STREET MIAMI, FL 33165 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
6. Name and Address of Current Registered Agent BENITEZ, ALBERTO 10425 SW 22 STREET MIAMI, FL 33165		7. Name and Address of Now 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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____			
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	PD PALAZZESE, MAURIZIO <input type="checkbox"/> Delete CENTROEMP. MIRANDA, AVE FOC. MIRANDA LOS RUICES, VE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PALAZZESE, GIANNI MAURICIO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete RAMIREZ, ANDRES CENTRO EMP. MIRANDA, AV. FCO. MIRANDA LOS RUICES, VE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FD <input type="checkbox"/> Delete CAMERO, OMAR G CENTRO EMP MIRANDA, AV. FCO MIRANDA LOS RUICES VE,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" 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	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GOMEZ, GUSTAVO CENTRO EMP. MIRANDA AVE FCO. MIRANDA LOS RUICES, VE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROMERO, TOMAS CENTRO EMP. MIRANDA AVE FCO. MIRANDA LOS RUICES, VE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CAMERO, MARTIN CENTRO EMP. MIRANDA AVE FCO. MIRANDA LOS RUICES, VE
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: _____		OMAR G. CAMERO, DIRECTOR 5/14/08 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	

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4. FEI Number 65-0311611 Applied For Not Applicable

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