2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)				FILED
DOCUMENT # 409472 1. Entity Name G.T. USED TRUCKS, INC.		sinch		Feb 12, 2007 08:00 AM Secretary of State
Principal Placo of Business 2190 N W 7TH AVE MIAMI FL 33127		Mailing Address 2190 N W 7TH AVE MIAMI FL 33127	1	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc		1st MOORE CR2E034 (10/06)
City & State		Cily & State		4. FEI Number 59-1486344 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			N	7. Name and Address of New Registered Agent
GONZALEZ, ANTONIO L. 2190 NW 7TH AVE MIAMI FL 33127			Street Addres	is (P.O. Box Number is Not Acceptable)
			Cily	FL Zip Code
8. The above the obligat	e named entity submits this statement lions of registered agent.	or the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT)	C: Registered Agont signature requ	red when reinstality) (DATE
After	ILE NOW!!! FEE IS \$150.00 May 1, 2007 Fee Will Be \$550.0 k Payable to Florida Department of			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
10.	OFFICERS ANI	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITTE. NAMI STOLET ADDRESS CITY: ST-ZIP	PTS GONZALEZ, ANTONIO L 2190 N W 7TH AVE MIAMI, FL 00000	□ Delele	HITE NAMI SIRITT ADDIESS CITY-ST-7IP	☐ Change ☐ Addition U00000631136 02/20/07-80035-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY-SI-7P	Change Addulion
TITLE NAME STREET ADDRESS CITY-SI-7IP	-	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-7III	☐ Change ☐ Addition
TITLE. NAME STREET ADDRESS CHY+ST-ZIP		Delcle	THE NAME STREET ADDRESS CITY-ST-71P	Change Addition
HITLE NAME STRIET ADDRESS CHY+S1+7IP		☐ Delete	NAME STREET ADDRESS CITY-S1-7IP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	INLE NAME STREET ADDRESS CITY-SI-ZIP	Change Addition
l indicated	t on this report or supplemental report	is true and accurate and that r	ny signature shall have t	ined in Section 119, Florida Statutes. I further certify that the information he same legal effect as if made under eath; that I am an efficer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11

2/0/2007 (205)015050