


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90131 001 \*\*\*150.00

<b>DOCUMENT # 583675</b> 1. Entity Name <b>GENERAL TOOL INDUSTRIES, INC.</b>	
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Principal Place of Business <del>18500 NE 2ND AVENUE</del> <del>N. MIAMI BEACH, FL 33170</del> <b>6631 SW 7th St.</b> <b>PEMBROKE PINES, FL 33023</b>	Mailing Address <b>6631 SW 7 STREET</b> <b>PEMBROKE PINES, FL 33023</b>
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01082004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1850937</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>LITZENBERG, WILLY</b> <b>6631 SW 7 STREET</b> <b>PEMBROKE PINES, FL 33023</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 *Willy Litzenberg* **WILLY LITZENBERG** 4-27-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$350.00**

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

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <del>LITZENBERG, PIERRE</del> <del>18500 NE 2ND AVENUE</del> <del>NORTH MIAMI BEACH, FL</del>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>ABST</del> <del>LITZENBERG, WILLY</del> <del>18500 NE 2ND AVENUE</del> <del>NORTH MIAMI BEACH, FL 33170</del>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PDST</b> <b>LITZENBERG PIERRE</b> <b>6631 SW 7TH STREET</b> <b>PEMBROKE PINES, FL 33023</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *P. Litzenberg* **PIERRE LITZENBERG** 4-27-04 305 652 2720  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #