

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F07000005382

1. Entity Name
GMA GARNET (USA) CORP.



Principal Place of Business
480 N. SAM HOUSTON PKWY E STE 130
HOUSTON, TX 77060-3521

Mailing Address
480 N. SAM HOUSTON PKWY E STE 130
HOUSTON, TX 77060-3521

FILED
Jul 22, 2008 08:00 AM
Secretary of State



07072008 No Chg-P CR2E034 (11/05)

4. FEI Number
42-1685662

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

U000000956032
07/22/08-80015-017 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CVC
NAME	WILLIAMS, AARON
STREET ADDRESS	17351 S. SUMMIT CANYON DR
CITY-ST-ZIP	HOUSTON, TX 77095
TITLE	PVST
NAME	WILLIAMS, AARON
STREET ADDRESS	17351 S. SUMMIT CANYON DR
CITY-ST-ZIP	HOUSTON, TX 77095
TITLE	D
NAME	KETELSEN, TORSTEN
STREET ADDRESS	18 HYNES RD
CITY-ST-ZIP	DALKEITH, WESTERN AUSTRALIA,
TITLE	D
NAME	PUTZIER, WOLFHART
STREET ADDRESS	3 SAUNDERS ST
CITY-ST-ZIP	MOSMAN PARK, WEST AUSTRALIA,
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #