2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H21812

1. Entity Name
GTAT ENTERPRISES, INC.



FILED Apr 21, 2008 08:00 A Secretary of State

Principal Place of Business

4913 W LAUREL ST TAMPA, FL 33607 US

SIGNATURE.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP Mailing Address

4913 W LAUREL STREET TAMPA. FL 33607



DO	NOT	WRITE	IN THIS	SPACE
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04172008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S9-2442339 Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLS, FREDERICK J MORRISON, MORRISON & MILLS, P.A. 1200 W PLATT ST, STE 100 TAMPA, FL 33606

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.	

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE FERRANTE, THOMAS B. NAME STREET ADDRESS **9025 N. MOBLEY** CITY-ST-ZIP TAMPA, FL TITLE D FERRANTE, THOMAS B NAME STREET ADDRESS 9025 N. MOBLEY CITY-ST-ZIP TAMPA, FL TITLE NAME

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

U00000909537 05/06/08-80074-002 150.00

DATE

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 eath; 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 approvered.

SIGNATURE:

SUGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-17-08 813-876-624

Daylime Phone