2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 18, 2007 08:00 AM Secretary of State **DOCUMENT # J50504** 1. Entity Name G T ENTERPRISES, INC. Principal Place of Business Mailing Address 150 SE 25 ROAD 150 SE 25 ROAD SUITE PHF SUITE PHF MIAMI, FL 33129 MIAMI, FL 33129 No Chg-P CR2E034 (11/05) 04152007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2747724 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TERREROS, GUY DO NOT WRITE 150 SE 25 ROAD SUITE PHF IN THIS SPACE MIAMI, FL 33129 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 (NGTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE TERREROS, GUY PRES NAME STREET ADDRESS 150 SE 25 RD PHF MIAMI, FL 33129 City-St. 7IP 000000714825 04/27/07-80038-024 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP

12. Thereby 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:

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

GUY TERREROS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED