2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# L19517

Entity Name: G.A.P. PRODUCTS CORPORATION

Current Principal Place of Business:

1267 NW 192ND WAY
PEMBROKE PINES, FL 33029

New Principal Place of Business:

2955 NW 126TH AVE.
#5-322
SUNRISE, FL 33323

Current Mailing Address:

1267 NW 192ND WAY
PEMBROKE PINES, FL 33029

New Mailing Address:

2955 NW 126TH AVE.
#5-322
SUNRISE, FL 33323

FEI Number: 65-0147315 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POSADA, GABRIEL A
1267 NW 192ND WAY
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

POSADA, GABRIEL A
2955 NW 126TH AVE.
#5-322
SUNRISE, FL 33323 US

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.

SIGNATURE: GABRIEL A. POSADA 04/14/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: POSADA, GABRIEL A
Address: 1267 NW 192ND WAY
City-St-Zip: PEMBROKE PINES, FL 33029

Title: STD ( ) Delete
Name: POSADA, LUZ A
Address: 1267 NW 192ND WAY
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: POSADA, GABRIEL A
Address: 2955 NW 126TH AVE. #5-322
City-St-Zip: SUNRISE, FL 33323

Title: STD (X) Change ( ) Addition
Name: POSADA, LUZ A
Address: 2955 NW 126TH AVE. #5-322
City-St-Zip: SUNRISE, FL 33323

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GABRIEL A. POSADA PD 04/14/2009
Electronic Signature of Signing Officer or Director Date