

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # M16607 1. Entity Name GAP AUTOMOTIVE CORPORATION	
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Principal Place of Business 9532 HARDING AVE #103 SURFSIDE, FL 33154-7097 US	Mailing Address P O BOX 54-7097 SUITE 307 SURFSIDE, FL 33154-7097 US
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DO NOT WRITE IN THIS SPACE



03292005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2571377	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VILASECA, ARMANDO 9532 HARDING AVE SURFSIDE, FL 33154	DO NOT WRITE IN THIS SPACE
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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 _____
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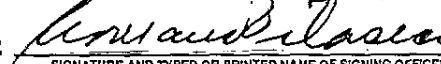
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP GIACOMELLI, MARGARITA 9532 HARDING AVE. SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT GIACOMELLI, CLAUDIO 9532 HARDING AVE. SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M VILASECA, ARMANDO 9532 HARDING AVE., #103 (P O BOX 54-7097) SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TRAVIESO, MARIA G 9820 SW 16 ST MIAMI, FL 331965
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VILASECA, NELLIE 9532 HARDING AVE., (P. O. BOX 54-7097) SURFSIDE, FL 331547097
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000285679
04/02/05-80053-021 150.00

**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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-01-05 Date	305-864-5095 Daytime Phone #
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