2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # M16607

1. Entity Name
GAP AUTOMOTIVE CORPORATION

Principal Place of Business	Mailing Address
9532 HARDING AVE #103 SURFSIDE, FL 33154-7097 US	P O BOX 54-7097 SUITE 307 SURFSIDE, FL 33154-7097 US

03292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	SVP
NAME	GIACOMELLI, MARGARITA
STREET ADDRESS	9532 HARDING AVE.
CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	PT
NAME	GIACOMELLI, CLAUDIO
STREET ADDRESS	9532 HARDING AVE.
CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	M
NAME	VILASECA, ARMANDO
STREET ADDRESS	9532 HARDING AVE., #103 (P O BOX 54-7097)
CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	D
NAME	TRAVIESO, MARIA G
STREET ADDRESS	9820 SW 16 ST
CITY-ST-ZIP	MIAMI, FL 331965
TITLE	D
NAME	VILASECA, NELLIE
STREET ADDRESS	9532 HARDING AVE., (P. O. BOX 54-7097)
CITY-ST ZIP	SURFSIDE, FL 331547097
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/02/05-80053-021 150.00

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