


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 08:00 A
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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03122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2571377	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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**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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000531925 05/06/06-80063-019 150.00
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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	

**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 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: Maria G Travieso MARIA G TRAVIESO 4/19/06 305-223-3322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #