

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90131 042 ***150.00

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1. Entity Name
GAP AUTOMOTIVE CORPORATION



40045433



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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03212007 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

Name **NELLIE VILASECA**

Street Address (P.O. Box Number is Not Acceptable)

9532 HARDING AVE

City **SURFSIDE** FL Zip Code **33154**

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 **NELLIE VILASECA** *Nellie V. Vilaseca* **3-27-07**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 ☐ Delete
NAME GIACOMELLI, MARGARITA
STREET ADDRESS 9532 HARDING AVE.
CITY-ST-ZIP SURFSIDE, FL 33154

TITLE PT ☐ Delete
NAME GIACOMELLI, CLAUDIO
STREET ADDRESS 9532 HARDING AVE.
CITY-ST-ZIP SURFSIDE, FL 33154

TITLE M ☒ Delete
NAME VILASECA, ARMANDO
STREET ADDRESS 9532 HARDING AVE., #103 (P O BOX 54-7097)
CITY-ST-ZIP SURFSIDE, FL 33154

TITLE D ☐ Delete
NAME TRAVIESO, MARIA G
STREET ADDRESS 9820 SW 16 ST
CITY-ST-ZIP MIAMI, FL 331965

TITLE D ☐ Delete
NAME VILASECA, NELLIE
STREET ADDRESS 9532 HARDING AVE., (P. O. BOX 54-7097)
CITY-ST-ZIP SURFSIDE, FL 331547097

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Nellie V. Vilaseca*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-07 (305) 864-5095
Date Daytime Phone #