


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90029 019 ***150.00

DOCUMENT # M16607 1. Entity Name GAP AUTOMOTIVE CORPORATION					
Principal Place of Business 9532 HARDING AVE #103 SURFSIDE, FL 33154-7097 US			Mailing Address P O BOX 54-7097 SURFSIDE, FL 33154-7097 US		
2. Principal Place of Business - No P.O. Box # 9333 HARDING AVE. <small>Suite, Apt. #, etc.</small>		3. Mailing Address P.O. BOX 54-7097 <small>Suite, Apt. #, etc.</small> SURFSIDE - FLA. <small>City & State</small>			
<small>City & State</small> SURFSIDE FL.		<small>City & State</small> SURFSIDE FL.		4. FEI Number 59-2571377	
<small>Zip</small> 33154		<small>Country</small> USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
<small>Zip</small> 33154		<small>Country</small> USA		6. Name and Address of Current Registered Agent VILASECA, NELLIE 9532 HARDING AVE SURFSIDE, FL 33154	
7. Name and Address of New Registered Agent <small>Name</small> NELLIE H. VILASECA <small>Street Address (P.O. Box Number is Not Acceptable)</small> 9333 HARDING AVE. <small>City</small> SURFSIDE FL <small>Zip Code</small> 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: <u><i>Nellie H. Vilaseca</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		4-07-08	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	SVP GIACOMELLI, MARGARITA 9532 HARDING AVE. SURFSIDE, FL 33154	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9333 HARDING AVE. SURFSIDE - FL 33154		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	PT GIACOMELLI, CLAUDIO 9532 HARDING AVE. SURFSIDE, FL 33154	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9333 HARDING AVE. SURFSIDE - FL 33154		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	D TRAVIESO, MARIA G 9820 SW 16 ST MIAMI, FL 331965	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9333 HARDING AVE. SURFSIDE FL 33154		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	D VILASECA, NELLIE 9532 HARDING AVE., (P. O. BOX 54-7097) SURFSIDE, FL 331547097	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9333 HARDING AVE. SURFSIDE FL 33154		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Nellie H. Vilaseca</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-07-08 <small>Date</small>		(305) 864-5095 <small>Daytime Phone #</small>	