

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M37246

**FILED**  
**Jan 26, 2012**  
**Secretary of State**

**Entity Name:** G.T.X. CORPORATION

**Current Principal Place of Business:**

20899 NW 22 STREET  
PEMBROKE PINES, FL 33029 US

**New Principal Place of Business:**

10813 NW 30 STREET SUITE # 100  
DORAL, FL 33172 US

**Current Mailing Address:**

20899 NW 22 STREET  
PEMBROKE PINES, FL 33029 US

**New Mailing Address:**

**FEI Number:** 59-2779149      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OSMAN, MOHAMED  
20899 NW 22 STREET  
PEMBROKE PINES, FL 33029 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: OSMAN, MOHAMED  
Address: 20899 NW 22 STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MOHAMED OSMAN

PRES

01/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date