

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # M58315	
1. Entity Name GTK MARKETING, INC.	

Principal Place of Business 8390 N.W. 23RD STREET PEMBROKE PINE, FL 33024 US	Mailing Address 8390 N.W. 23RD STREET PEMBROKE PINES, FL 33024 US
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DO NOT WRITE IN THIS SPACE



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number 85-0004218	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KARAMBIS, GEORGE T. 8390 N.W. 23RD STREET HOLLYWOOD, FL 33024
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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 _____ Signature: typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when renewing)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KARAMBIS, GEORGE T. 8390 N.W. 23RD STREET HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/19/04-80130-022 150.00

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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: <u>George T. Karambis</u> GEORGE T. KARAMBIS 4/15/04 9544327728	_____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	_____ Date	_____ Corporate Filing #
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