2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000031161

Entity Name: GENERAL RESOURCE TELECOMMUNICATIONS INC.

FILED Sep 15, 2005 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1953 N W 22ND ST MIAMI, FL 33142						
Current Ma	ailing Address	:	New Maili	New Mailing Address:		
6930 COLINS AVE STE 183 MIAMI BEACH, FL 33141			246	18520 NW 67AV 246 MIAMI, FL 33015		
FEI Number: 65-1001053 FEI Number Applied For () FEI Num			Number Not Appl	nber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name a				Address of New Reg	jistered Agent:	
DE LOS RIOS, JULIO C 6336 GRANT STREET HOLLYWOOD, FL 33024 US						
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:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () D ANA, REANO 6930 COLLINS A' MIAMI BEACH, FL		Title: Name: Address: City-St-Zip:	P (X) Change GUILLERMO, ACOSTA 18520 NW 67 AV #246 MIAMI, FL 33015	() Addition	
Title: Name: Address: City-St-Zip:	VP () D SALAS, FELIX 1953 N W 22ND S MIAMI, FL 33142		Title: Name: Address: City-St-Zip:	S (X) Change ANA, REANO R 1953 N W 22ND ST MIAMI, FL 33142	() Addition	
Title: Name: Address: City-St-Zip:	T () D HERNANDEZ, HU 800 WEST 81 PL HIALEAH, FL 330	GO ACE	Title: Name: Address: City-St-Zip:	VP (X) Change SALAS, FELIX 18520 NW 67 AV #246 MIAMI, FL 33015	() Addition	
Title: Name: Address: City-St-Zip:	D () D OSORIO, STEVEI 6930 COLLINS AV MIAMI BEACH, FL	N V. PMB 183	Title: Name: Address: City-St-Zip:	D (X) Change OSORIO, STEVEN 18520 NW 67 AV #246 MIAMI, FL 33015	() Addition	
Title: Name: Address: City-St-Zip:	() D	elete	Title: Name: Address: City-St-Zip:	D () Change HERNANDEZ, HUGO 800 WEST 81 PLACE HIALEAH, FL 33014	(X) Addition	
Title: Name: Address: City-St-Zip:	() D	elete	Title: Name: Address: City-St-Zip:	D () Change VACANT, N/A N/A N/A, FL NA	(X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JULIO C DE LOS RIOS REG 09/15/2005