2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000031161

Entity Name: GENERAL RESOURCE TELECOMMUNICATIONS INC.

FILED Oct 17, 2006 Secretary of State

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Current Principal Place of Business:			New Princ	New Principal Place of Business:	
1953 N W MIAMI, FL					
Current Mailing Address:			New Maili	New Mailing Address:	
18520 NW 246 MIAMI, FL					
FEI Number	: 65-1001053	FEI Number Applied For ()	El Number Not Appl	licable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
6336 GRA	IOS, JULIO C NT STREET DOD, FL 33024	US			
The above in the State	named entity s e of Florida.	ubmits this statement for the purpo	se of changing i	ts registered office or registered agent, or both,	
SIGNATU	RE:				
	Electroni	c Signature of Registered Agent		Date	
OFFICER	S AND DIRECT	ORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	GUILLERMO, AC 18520 NW 67 AV	/ # 246	Title: Name: Address: City-St-Zip:	P (X) Change () Addition REANO, ANA M PRESIDE 1953 NW 22ND. ST MIAMI, FL 33142	
Title: Name: Address: City-St-Zip:	S () ANA, REANO R 1953 N W 22ND MIAMI, FL 3314		Title: Name: Address: City-St-Zip:	VP (X) Change () Addition ACOSTA, GUILLERMO VICE PR 18520 NW 67AV #246 MIAMI, FL 33015	
Title: Name: Address: City-St-Zip:	VP () SALAS, FELIX 18520 NW 67 AV MIAMI, FL 3301		Title: Name: Address: City-St-Zip:	T-S (X) Change () Addition SALAS, FELIX TRE & S 18520 NW 67 AV #246 MIAMI, FL 33015	
Title: Name: Address: City-St-Zip:	D () OSORIO, STEVE 18520 NW 67 AV MIAMI, FL 3301	/ # 246	Title: Name: Address: City-St-Zip:	D (X) Change () Addition OSORIO, STEVEN DIR 18520 NW 67 AV #246 MIAMI, FL 33015	
Title: Name: Address: City-St-Zip:	D () HERNANDEZ, HI 800 WEST 81 P HIALEAH, FL 33	LACE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition HERNANDEZ, HUGO DIR 800 WEST 81 PLACE HIALEAH, FL 33014	
Title: Name: Address:	D () VACANT, N/A N/A	Delete	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

City-St-Zip:

SIGNATURE: FELIX SALAS T 10/17/2006

N/A, FL NA

City-St-Zip: