

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000059449

Entity Name: GTR INVESTMENT GROUP, INC.

FILED  
Jan 06, 2005  
Secretary of State

**Current Principal Place of Business:**

1452 SW 157 AVE  
PEMBROKE PINES, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

1452 SW 157 AVE  
PEMBROKE PINES, FL 33027

**New Mailing Address:**

FEI Number: 57-1175169

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TORRES, LUIS  
1452 SW 157 AVE  
PEMBROKE PINES, FL 33027 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: TORRES, LUIS  
Address: 1452 SW 157 AVE  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D ( ) Delete  
Name: TORRES, EDNA  
Address: 1452 SW 157 AVE  
City-St-Zip: PEMBROKE PINES, FL 33027

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LUIS TORRES

D

01/06/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date