

2006 FOR PROFIT CORPORATION ANNUAL REPORT


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May 08, 2006 8:00 am
Secretary of State

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02282006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000076329					
1. Entity Name GT AUTO ELECTRONIC INC.					
Principal Place of Business 3770 NW S. RIVER DR. MIAMI, FL 33142			Mailing Address 3770 NW S. RIVER DR. MIAMI, FL 33142		
2. Principal Place of Business 1879 SW 10 ST Suite, Apt. #, etc.		3. Mailing Address 1879 SW 10 ST Suite, Apt. #, etc.			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 26-0086827	
Zip 33135		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOTO, GILBERTO 3770 NW S. RIVER DR. MIAMI, FL 33142			7. Name and Address of New Registered Agent Name SOTO, GILBERTO Street Address (P.O. Box Number is Not Acceptable) 1879 SW 10 ST City MIAMI FL Zip Code 33135		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOTO, GILBERTO 1879 SW 10 ST. MIAMI, FL 33135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____		P - 3/10/06		Date: _____ Daytime Phone # _____	