2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2008 08:00 AN Secretary of State

•••	ANNUAL	REPORT		_	May	05, 2008 08:00
DOCU	MENT # P040000763		*	Š	ecretary of Stat	
GT AUTO	D ELECTRONIC INC.					
Principal Plac	ce of Business	Mailing Address				
1879 SW 10 STREET MIAMI, FL 33135		1879 SW 10 STREET MIAMI, FL 33135				
4 /			*			
				03242008	No Chg-P	CR2E034 (11/05)
. [O NOT WRITE	IN THIS SPA	CE	4. FEI Number	-	Applied For
	ti fa kaskir di tana ili se d			26-0086		Not Applicable
ريان <u>ويانين النب</u> ريان			il. il. il. Land America Spanis	5. Certificate o	f Status Desired	\$8.75 Additional
	6. Name and Address of Current Re	gistered Agent		**		
SOTO, GI				DO I	NOT WI	RITE
MIAMI, FL	10 STREET. _ 33135	•	, , , ,		HIS SP	
				117	FIIO OF	
	e named entity submits this statement for the	ne purpose of changing its registe	red office or register	red agent, or both	, in the State of Flori	da. I am familiar with, and accept
the obliga	itions of registered agent.					
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable (NOTE: Registe	red Agent signature required	when reinstating)		DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.1 Trust Fund Contribution. Adde		.00 May Be led to Fees		
10.	OFFICERS AND DI	RECTORS		4.5 · · · · · · · · · · · · · · · · · · ·	Adding 12 to	Park of the second
TITLE NAME	PD SOTO, GILBERTO		•			
STREET ADDRESS				•		· 1.
CITY-\$1-ZIP	MIAMI, FL 33135		······································	The second	. U00000:	949362
NAME					_06/03/08-1	30025-004 150.00
STREET ADDRESS CITY-ST-ZIP		·				
-TITLE	البيئة سام مشهور مساسية المساسية المساس	الراج والمدار المستشاسيان بداد الراب		مَنْتُ إِنْ يُخِيدُ	المناسب والمساوي	ا المام ا المام المام ال
NAME STREET ADDRESS						
CITY-ST-ZIP			1/24 , 145		NOT WI	
TITLE NAME			: 1	IN T	HIS SP	ACE
STREET ADDRESS				,		(J. 41.7)
CITY-ST-ZIP			*		*. *.	
TITLE NAME			P a			
STREET ADDRESS						
CITY-ST-ZIP			-	r≢‴maa [*] ′		
TITLE NAME			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ili Siring P	

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 accuracy, with all other like empowered.

SIGNATURE: _

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daylime Phone #