

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000089965

Entity Name: GAT INVESTMENTS, INC.

FILED
Apr 19, 2009
Secretary of State

Current Principal Place of Business:

300 W 41ST ST STE 213
MIAMI BCH, FL 33140

New Principal Place of Business:

777 ARTHUR GODFREY ROAD
2ND FLOOR
MIAMI BCH, FL 33140

Current Mailing Address:

300 W 41ST ST STE 213
MIAMI BCH, FL 33140

New Mailing Address:

777 ARTHUR GODFREY ROAD
2ND FLOOR
MIAMI BCH, FL 33140

FEI Number: 20-3612361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TWIST, GARY R
300 W 41ST ST STE 213
MIAMI BCH, FL 33140 US

Name and Address of New Registered Agent:

TWIST, GARY R
777 ARTHUR GODFREY ROAD
2ND FLOOR
MIAMI BCH, FL 33140 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: GARY R. TWIST

04/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: TWIST, GARY R
Address: 300 W 41ST ST STE 213
City-St-Zip: MIAMI BCH, FL 33140

Title: VS () Delete
Name: TWIST, ALLISON J
Address: 300 W 41ST ST STE 213
City-St-Zip: MIAMI BCH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: TWIST, GARY R
Address: 777 ARTHUR GODFREY ROAD, 2ND FLOOR
City-St-Zip: MIAMI BCH, FL 33140

Title: VS (X) Change () Addition
Name: TWIST, ALLISON J
Address: 777 ARTHUR GODFREY ROAD, 2ND FLOOR
City-St-Zip: MIAMI BCH, FL 33140

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

SIGNATURE: GARY R. TWIST

PRES

04/19/2009

Electronic Signature of Signing Officer or Director

Date