2007 FOR PROFIT CORPORATION

FILED Apr 06, 2007 08:00 Al ate

ANNUAL REPORT					C		
DOCUMENT # P05000097037 1. Enlity Name GITI V AT TOWN CENTER, INC.				Secretary of St			i Sta
Principal Place 390 NW 27TH MIAMI, FL 33	I STREET	Mailing Address 390 NW 27TH STREET MIAMI, FL 33127			33 8858 1 8 1111 88 117 88 311 88 116 8	18 7/8 (1811) 18 3 /1 28/81 (1916 188) 188 (
	. 1919						
				02162007	No Chg-P	CR2E034 (11/05)	
DO NOT WRITE IN THIS SPA			CE	4. FEI Numb 26-012		Applied Not App	
					of Status Desired	\$8.75 Additional	
	6. Name and Address of Current Re	gistered Agent					\neg
CHONG, EI 390 NW 27 MIAMI, FL	TH STREET	DO NOT WRITE IN THIS SPACE					
the obligation	named entity submits this statement for thons of registered agent.		,		oth, in the State of Flori		accept
	Signature: typed or printed name of registored agent and	otte if applicable (NOTE Registore	id Agent signature r a quire	d when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution				.00 May Be ded to Fees			
10.	OFFICERS AND DIF	RECTORS					
NAME STREET ADDRESS	D CHONG, EDWARD 390 NW 27TH STREET MIAMI, FL 33127				117.00		
NAME STREET ADDRESS CITY-ST-ZIP						00693104 7-80026-019 15	50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WI	RITE	
TITLE NAME			IN THIS SPACE				

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: _

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-576-5833 Dayline Phone #