P07000001438

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATEMS
DIVISION OF CORPORATIONS
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: GTB HOLDINGS INC. (Name of Corporation)
DOCUMENT NUMBER: <u>P07000001438</u>
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
(Firm/Company)
2520 CORAL INAY SUITE 2-368 (Address)
Miami FL 33/45 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (.786) 3331541. (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for	ons 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this or a corporation organized under the laws of the State of \tag{\forall} \forall F \in \textit{R} \textit{D} \textit{A} \text{istered office or registered agent, or both, in the State of Florida.}
1. The name of the corporation:	GTB HOLDINGS, INC.
	2520 CORAL WAY SUITE 2-368.
	MIAMI FL 33145
3. The mailing address (if different	t):
4. Date of incorporation/qualificati	ion: <u>JAU 3, 2007</u> . Document number: <u>P0700 000 1438</u>
5. The name and street address of the Florida Department of State:	the current registered agent and registered office on file with the
GABRI	EL TORRES
9786	NW 29 TER
	L FL 33172 E S
	the new registered agent (if changed) and /or registered office VIEL TORRES COLAL WAY SUITE 2-368
	CIEL TORRES :
	(P.O. Box NOT acceptable)
M <i>i</i> A	Mi FL 33/45
The street address of its registered as changed will be identical.	d office and the street address of the business office of its registered agent,
Such change was authorized by reauthorized by the board, or the co	esolution duly adopted by its board of directors or by an officer so or
(Signature of an atter or direct	tor) PVST ADRIEL TORRES (Printed or typed name and title)
I further agree to comply with the of my duties, and I am familiar w	as registered agent and agree to act in this capacity. It provisions of all statutes relative to the proper and complete performance with and accept the obligation of my position as registered agent. Or, if this reflect a change in the registered office address, I hereby confirm that the writing of this change.
	TOLY 2 ND COOK
If signing on bonalf of an entity:	(Date)
CABRIEL TORR (Typed or Printed Name)	<u>es</u>

* * * * FILING FEE: \$35.00 * * *