

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 07, 2004 08:00 AM  
Secretary of State

DOCUMENT # P94000051305

1. Entity Name  
GTL SOFTWARE CORP.



Principal Place of Business  
16312 NW 20TH ST.  
HOLLYWOOD, FL 33028 US

Mailing Address  
16312 NW 20TH ST.  
HOLLYWOOD, FL 33028 US



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0504552

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

RUBEN J GOMEZ  
16312 NW 20TH ST.  
HOLLYWOOD, FL 33028

DO NOT WRITE  
IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

1000000104945  
04/07/04-80004-022 150.00

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VPT  
GOMEZ, TERESA  
16312 NW 20TH ST.  
PEMBROOKE PINES, FL 33028

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Ruben J. Gomez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/04 305-457-9144

Date

Daytime Phone #