

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90012 039 ***150.00

DOCUMENT # P97000019159

1. Entity Name
GPT CORPORATE MANAGEMENT, INC.



Principal Place of Business
**2025 NW 102ND AVE #105
MIAMI, FL 33172 US**

Mailing Address
**2025 N.W. 102ND AVE
105
MIAMI, FL 33172**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

02102006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0750060

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KLEIN, STEVEN C
7522 WILES RD #210
CORAL SPRINGS, FL 33067**

Name **STEVEN C. KLEIN, CPA, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

11776 W. SAMPLE ROAD SUITE 105

City **CORAL SPRINGS** FL Zip Code **33065**

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 **Steven C. Klein, CPA** 02-10-06
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust/Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD PAOLO DEZI**
STREET ADDRESS **2025 NW 102ND AVE #105**
CITY-ST-ZIP **MIAMI, FL 33172**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SD TONY DEZI**
STREET ADDRESS **2025 NW 102ND AVE #105**
CITY-ST-ZIP **MIAMI, FL 33172**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
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CITY-ST-ZIP

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 another like empowered.

SIGNATURE: **Tony Dezi**

02-10-06

(305) 392-5508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #