2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P97000101609

GTR - GLOBAL TEK RESOURCES CORPORATION



FILED Apr 24, 2006 08:00 AN Secretary of State

Principal Place of Business

16119 SW 68 TERR MIAMI, FL 33193

SIGNATURE:

SIGNATURE AND TYPED OR PRINT

Mailing Address

16119 SW 68 TERR MIAMI, FL 33193



DO NOT WRITE IN THIS SPACE

01232006 CR2E034 (11/05) No Chg-P 4. FEI Number Applied For 65-0796946 Not Applicable \$8.75 Additional

Fee Required

5. Name and Address of Current Registered Agent

CORDEIRO DE MATTOS, MARCELO 16119 SW 68 TERR MIAMI, FL 33193

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

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 regulated when terristating) DATE					
	E NOW!!! FEE IS \$150.00 ny 1, 2006 Fee will be \$550.00	Election Campaign Financi Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPD CORDEIRO DE MATTOS, MARCELLO 16119 SW 68 TERR MIAMI, FL 33193				HOOOGGEGEGES OO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MATTOS, ELMA LUCIA 16119 SW 68 TERR MIAMI, FL 33193	<u> </u>			000000527183 05/04/06-80101-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 fixe empowered.					