


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000009328</b>		
1. Entity Name <b>G.T. AUDIO AMERICA INC.</b>		
Principal Place of Business <b>3015 NW 79 STREET MIAMI, FL 33147</b>		Mailing Address <b>965 NE 171 STREET NORTH MIAMI BEACH, FL 33162</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>KARP, ALVIN I 965 NE 171 STREET NORTH MIAMI BEACH, FL 33162</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 <u><i>Alvin I Karp</i></u> <span style="float: right;">9/2/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BENGOZI, ELI 3705 SW 50 STREET HOLLYWOOD, FL 33162	
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TITLE NAME STREET ADDRESS 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 all other like empowered.		
SIGNATURE: <u><i>Carl B. [illegible]</i></u> <span style="float: right;">5/7/06</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> DATE DAYTIME PHONE #		<b>DO NOT WRITE IN THIS SPACE</b>



05042008 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0807236** Applied For  
Not Applicable

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

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05/20/06-80090-005 150.00