

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000077888

Entity Name: GTZ CORPORATION

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

17754 HOLLYBROOK WAY
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

17754 HOLLYBROOK WAY
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 65-0860063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOYTIZOLO, LUIS
494 NE38TH ST
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

GOYTIZOLO, LUIS
17754 HOLLYBROOK WAY
BOCA RATON, FL 33487 US

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.

SIGNATURE: LUIS GOYTIZOLO

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GOYTIZOLO, ANTUANETE
Address: 17754 HOLLYBROOK WAY
City-St-Zip: BOCA RATON, FL 33487

Title: D () Delete
Name: GOYTIZOLO, LUIS
Address: 17754 HOLLYBROOK WAY
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS GOYTIZOLO

D

04/27/2005

Electronic Signature of Signing Officer or Director

Date