2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 04, 2006 8:00 am Secretary of State DOCUMENT # P98000094107 04-04-2006 90139 040 ***150.00 1. Entity Name **GPR INCORPORATED** Principal Place of Business Mailing Address 40043011 1200 BRICKELL BAY DR. 1200 BRICKELL BAY DR. #3114 #3114 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 03272006 CR2E034 (11/05) City & State City & State 4. FE! Number Applied For 65-0875178 Not Applicable Zip — Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES, FL 33134 City 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: flagistered Agent signature required when rainstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ROCKIOUES _ CRESPO, GERMONO STREET ADDRESS | 200 BRICKEII Bay DR # 3114 PD TITLE ☐ Delete ☐ Change CRESPO, GERMANO R NAME STREET ADDRESS 1901 BRICKELL AVE B-1409 CITY-ST-ZIP MIAMI, FL 33129 CITY-ST-ZIP MIAMI, #1, 33131 VSTD TILE Delete TIME ☐ Change ROOKIGUES_CRESTO, PATRICIO 1200 BRICKELL BOY DR # 3114 M, 14M, Fl, 33131 NAME PARMANO, PATRICLO NAME STREET ADDRESS 1901 BRICKELL AVE APT. B1409 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33129 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IIILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TT F ☐ Delete MLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplies with this filing does not qualify for the exemptions contained in Chapter 119. Floride Statutes. I further certify that the information indicated on this report or supplemental report is not 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 amp weeled to secure 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 air addings with all prayr like empowered. 3/27/2006. SIGNATURE: E OF SIGNING OFFICER OR DIRECTOR

FILED