


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000033651 1. Entity Name GT GLOBAL TRADING CORPORATION	
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Principal Place of Business C/O NICOLAS FERNANDEZ, P.A. 780 NW LE JEUNE ROAD SUITE 324 MIAMI, FL 33126	Mailing Address C/O NICOLAS FERNANDEZ, P.A. 780 NW LE JEUNE ROAD SUITE 324 MIAMI, FL 33126
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02132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1132000 ☐ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent ESQUIRE CORPORATE SERVICES, INC. 780 NW LE JEUNE ROAD SUITE 324 MIAMI, FL 33126
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOWNSON, GERARDO 780 NW LE JEUNE RD STE 324 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TOWNSON, PATRICIA % N FERNANDEZ, 780 NW LEJUNE RD, STE 324 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOWNSON, GERARDO JR % N FERNANDEZ, 780 NW LEJUNE RD, STE 324 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TOWNSON, HAROLD 9455 COLLINS AVE #1001 SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/07/06-80018-015 150.00

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IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/06
Date

Daytime Phone #