

2007 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

07 APR 25 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

psl

DOCUMENT # P99000071058

1. Entity Name
GTH CAPITAL, INC.



Principal Place of Business

1221 BRICKELL AVE.
ATTN: DIR OF FINANCE
MIAMI, FL 33131

Mailing Address

1221 BRICKELL AVE.
ATTN: DIR OF FINANCE
MIAMI, FL 33131



04232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0943411

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARRETT, RICHARD G
1221 BRICKELL AVE.
STE-2100
MIAMI, FL 33131

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS
NAME ROSENBAUM, RICHARD
STREET ADDRESS 1221 BRICKELL AVE., #2100
CITY-ST-ZIP MIAMI, FL 33131

TITLE AT
NAME HIRSCH, DAVID
STREET ADDRESS 1221 BRICKELL AVE., #2100
CITY-ST-ZIP MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
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

DAVID E HIRSCH

Date

Daytime Phone #

4/23/2007 305-789-5499