


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000005830
 1. Entity Name
G AND F FINE ART, INC.



Principal Place of Business Mailing Address
8141 HAMPTON WOOD DRIVE **8141 HAMPTON WOOD DRIVE**
BOCA RATON, FL 33433 **BOCA RATON, FL 33433**

DO NOT WRITE IN THIS SPACE



03152005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0722699 Not Applicable

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

6. Name and Address of Current Registered Agent
MILLER, JOHN P
2499 GLADES ROAD
SUITE 305A
BOCA RATON, FL 33431

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

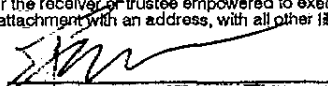
UD00000276973
 03/26/05-80011-003 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GASPARIAN, HAGOB 8141 HAMPTON WOOD DR. BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FABIAN, GABRIELLA 8141 HAMPTON WOOD DR. BOCA RATON, FL 33433
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:  **FABIAN, Gabriella** VP Date: **3/24.05** Daytime Phone #: **(561)883-2919**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #