


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # S78355
 1. Entity Name
GFC OF MIAMI, INC.



Principal Place of Business Mailing Address
1528 SEVILLA AVE **1528 SEVILLA AVE**
CORAL GABLES, FL 33134-6262 **CORAL GABLES, FL 33134-6262**

DO NOT WRITE IN THIS SPACE



04072006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0286446 Applied For
 Not Applicat

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

6. Name and Address of Current Registered Agent
GARCIA-FRUTOS, JOSE M.
1528 SEVILLA AVE
CORAL GABLES, FL 33134-6262

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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, 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	P
NAME	GARCIA-FRUTOS, JOSE M.
STREET ADDRESS	1528 SEVILLA AVE
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	S
NAME	GARCIA-FROTOS, SILVIA C
STREET ADDRESS	1528 SEVILLA AVE
CITY-ST-ZIP	CORAL GABLES, FL 331346261
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: _____ Date: **4-7-06** (305) **661-7181**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #