


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 22, 2004 8:00 am**  
**Secretary of State**

07-22-2004 90001 009 \*\*\*150.00

<b>DOCUMENT # 471303</b>					
1. Entity Name <b>GF APARTMENTS, INC.</b>					
Principal Place of Business <b>1026 EUCLID AVE MIAMI BEACH, FL 33139 US</b>			Mailing Address <b>% JULIO GURMAN 7300 WAYNE AVENUE., #209 MIAMI BEACH, FL 33141 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent <b>GURMAN, JULIO 7300 WAYNE AVE. #209 MIAMI BEACH, FL 33141</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b>	
				Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>O</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>O</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FEIBUSH, IGAL J</b>		NAME	<b>GURMAN, Pamela</b>	
STREET ADDRESS	<b>2000 ISLAND BLVD., APT. #1205</b>		STREET ADDRESS	<b>3239 JASON DRIVE</b>	
CITY-ST-ZIP	<b>AVENTURA, FL 33160</b>		CITY-ST-ZIP	<b>BELLMORE, N.Y. 11710</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FEIBUSH, MICHAL</b>		NAME	<b>O'GRADY, MICHAL</b>	
STREET ADDRESS	<b>33 RUSTIC GATE LANE</b>		STREET ADDRESS	<b>15 PARK AVENUE APT. # 2 D</b>	
CITY-ST-ZIP	<b>DIX HILLS, NY 11748</b>		CITY-ST-ZIP	<b>NEW YORK, N.Y. 10016</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GURMAN, WILLIAM</b>		NAME		
STREET ADDRESS	<b>3355 FREDERICK ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>OCEANSIDE, NY 11572</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GURMAN, GABRIEL</b>		NAME		
STREET ADDRESS	<b>10 LIBERTY RD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MARLBORO, NJ 07746</b>		CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEVY, SILVIA</b>		NAME		
STREET ADDRESS	<b>465 LINKS DR E</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>OCEANSIDE, NY 11572</b>		CITY-ST-ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DESSAUCE, THERESE</b>		NAME		
STREET ADDRESS	<b>3239 JASON DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BELLMORE, NY 11710</b>		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>William G. Gurman</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <b>7-20-04</b> Daytime Phone #: <b>516-764-0608</b>	

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4. FEI Number **59-1662328** Applied For  Not Applicable

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