2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # 471303

1. Entity Name
GF APARTMENTS, INC.

Principal Place of Business
1026 EUCLID AVE
MIAMI BEACH, FL 33139 US

Mailing Address
% JULIO GURMAN
7300 WAYNE AVENUE., #209
MIAMI BEACH, FL 33141 US

04072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1662328
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GURMAN, JULIO
7300 WAYNE AVE. #209
MIAMI BEACH, FL 33141

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, 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	O
NAME	GURMAN, PAMELA
STREET ADDRESS	3239 JASON DR
CITY-ST-ZIP	BELLMORE, NY 11710
TITLE	D
NAME	O'GRADY, MICHAL
STREET ADDRESS	15 PARK AVE APT #2D
CITY-ST-ZIP	NEW YORK, NY 10016
TITLE	P
NAME	GURMAN, WILLIAM
STREET ADDRESS	3355 FREDERICK ST
CITY-ST-ZIP	OCEANSIDE, NY 11572
TITLE	V
NAME	GURMAN, GABRIEL
STREET ADDRESS	10 LIBERTY RD.
CITY-ST-ZIP	MARLBORO, NJ 07746
TITLE	S
NAME	LEVY, SILVIA
STREET ADDRESS	465 LINKS DR E
CITY-ST-ZIP	OCEANSIDE, NY 11572
TITLE	T
NAME	DESSAUCE, THERESE
STREET ADDRESS	3239 JASON DR.
CITY-ST-ZIP	BELLMORE, NY 11710

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04/29/06-80008-023 150.00

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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: William Gurman, Pres. 4-9-06 917-721-4177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #