


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 471303**  
 1. Entity Name  
**GF APARTMENTS, INC.**



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>
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**DO NOT WRITE IN THIS SPACE**



02052007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1662328</b>	Applied For <input type="checkbox"/> Not Applicable
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when renaming) 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 NAME STREET ADDRESS CITY-ST-ZIP	O GURMAN, PAMELA 3239 JASON DR BELLMORE, NY 11710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'GRADY, MICHAL 15 PARK AVE APT #2D NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GURMAN, WILLIAM 3355 FREDERICK ST OCEANSIDE, NY 11572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GURMAN, GABRIEL 10 LIBERTY RD. MARLBORO, NJ 07746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEVY, SILVIA 485 LINKS DR E OCEANSIDE, NY 11572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DESSAUCE, THERESE 3239 JASON DR. BELLMORE, NY 11710

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 02/27/07-80021-023 150.00

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 Guernard **William Guernard** / 2-13-07 / 516-764-0608  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Pres/Boast) Date Daytime Phone #