


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90033 036 \*\*\*150.00

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
--	---

DO NOT WRITE IN THIS SPACE



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1662328	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> 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 <del>45 PARK AVE APT #20</del> 34112 NORTH 23 <sup>RD</sup> DRIVE <del>NEW YORK, NY 10016</del> PHOENIX, AZ 85085
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 465 LINKS DR E OCEANSIDE, NY 11572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DESSAUCE, THERESE 3239 JASON DR. BELLMORE, NY 11710

DO NOT WRITE IN THIS SPACE

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 Gorman WILLIAM GURMAN 3-11-08 516-764-0608  
SIGNATURE AND TYPED OR PRINTED NAME DESIGNING OFFICER OR DIRECTOR Date Daytime Phone #