

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 471303

FILED
Mar 03, 2009
Secretary of State

Entity Name: GF APARTMENTS, INC.

Current Principal Place of Business:

1026 EUCLID AVE
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 59-1662328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: O () Delete
Name: GURMAN, PAMELA
Address: 3239 JASON DR
City-St-Zip: BELLMORE, NY 11710

Title: D () Delete
Name: O'GRADY, MICHAL
Address: 34112 NORTH 23RD DRIVE
City-St-Zip: PHOENIX, AZ 85085

Title: P () Delete
Name: GURMAN, WILLIAM
Address: 3355 FREDERICK ST
City-St-Zip: OCEANSIDE, NY 11572

Title: V () Delete
Name: GURMAN, GABRIEL
Address: 10 LIBERTY RD.
City-St-Zip: MARLBORO, NJ 07746

Title: S () Delete
Name: LEVY, SILVIA
Address: 465 LINKS DR E
City-St-Zip: OCEANSIDE, NY 11572

Title: T () Delete
Name: DESSAUCE, THERESE
Address: 3239 JASON DR.
City-St-Zip: BELLMORE, NY 11710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIO GURMAN

A

03/03/2009

Electronic Signature of Signing Officer or Director

Date