

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000004799

Entity Name: GMF 4, INC.

**FILED**  
**Mar 15, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4085 SW KIDD CT  
PORT ST LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

4085 SW KIDD CT  
PORT ST LUCIE, FL 34953

**New Mailing Address:**

FEI Number: 27-3471365

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FUSARI, GINA  
4085 SW KIDD CT  
PORT ST LUCIE, FL 34953 US

**Name and Address of New Registered Agent:**

FUSARI, GINA M  
4085 SW KIDD CT  
PORT ST LUCIE, FL 34953 US

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: GINA M. FUSARI

03/15/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CP  
Name: FUSARI, GINA M  
Address: 4085 SW KIDD CT  
City-St-Zip: PORT ST LUCIE, FL 34953

I hereby 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 all other like empowered.

SIGNATURE: GINA M. FUSARI

PRES

03/15/2012

Electronic Signature of Signing Officer or Director

Date