

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # M47914

1. Entity Name
GJF'S INC.



Principal Place of Business
C/O GERRI J. FONTANELLA
13425 NW 102 AVE
HIALEAH GARDENS, FL 33018 US

Mailing Address
C/O GERRI J. FONTANELLA
13425 NW 102 AVE
HIALEAH GARDENS, FL 33018 US

DO NOT WRITE IN THIS SPACE

FILED
Jan 22, 2007 08:00 AM
Secretary of State



01182007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2776866

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FONTANELLA, GERRI J.
13425 NW 102 AVE
Y
HIALEAH GARDENS, FL 33018

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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, 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	DP
NAME	FONTANELLA, GERRI J.
STREET ADDRESS	13425 NW 102 AVE
CITY-ST-ZIP	HIALEAH GARDENS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000594134
01/22/07-80060-015 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/07 305-343-5391