2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000027795 1. Entity Name G.C.F. & SONS, CORP.



FILED May 02, 2005 08:00 AM Secretary of State

Principal Place of Business

6980 NW 186 ST. #127 MIAMI, FL 33015-8305

SIGNATURE

Mailing Address

6980 NW 186 ST. #127 MIAMI, FL 33015-8305



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-1086024	Not Applicable

DATE

Certificate of Status Desired

No Cha-P

04292005

\$8.75 Additional Fee Required

CR2E034 (10/03)

8. Name and Address of Current Registered Agent CAYO, GUILLERMO DO NOT WRITE 6980 NW 136 ST. #127 MIAMI, FL 33015-8305 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.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

Signature, typed or printed name of registered agent and title if applicable

9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

(NOTE Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS 10. TITLE NAME CAYO, GUILLERMO STREET ADDRESS 6980 NW 136 ST. #127 CITY-ST-ZIP MIAMI, FL 330158305 000000352211 05/03/05-80019-002 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied effect as if made under oath; that I am an officer or director of the corporation or the receiver or tissue 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 #