* 2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT		
DOCUMENT # P01000027795 1. Entity Name G.C.F. & SONS, CORP.		FILED
		2007 MAY -4 PM 12: 51
Principal Place of Business Mailing Address 6865 NW 173 DRIVE 6865 NW 173 DRIVE 104 104		SECRETARY OF STATE TALLAHASSEE, FLORIDA
HIALEAH, FL 33015 HIALEAH, FL 33015		
		04152007 No Chg-P CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE		4. FEI Number Applied For 65-1086024 Not Applied For
		5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CAYO, CARLOS E		DO NOT WRITE
174 NW 68 AVENUE 317 HIALEAH, FL 33015		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 of Popular Popular Rame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE		
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Finar		5.00 May Be
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS		ided to Fees
TITLE PD NAME CAYO, CARLOS E PRESIDE		500103614625 05/31/0701038014 **158.85
STREET ADDRESS 174 NW 68 AVENUE # 317 CITY-ST-ZIP HIALEAH, FL 33015		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
NAME STREET ADDRESS		00/ 02/ 01 400042020 7500.
CITY-ST-ZIP TITLE NAME		
STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS		IN THIS SPACE
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 exindicated on this report or supplemental report is true and accurate and that my signal	emptions contained	ed in Chapter 119, Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or directo
12. I hereby certify that the information supplied with this filling 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 trule 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 of trusted 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: Capies & Cape 4-17-07		