## **2004 FOR PROFIT CORPORATION**ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE:

## DOCUMENT # P01000109201 **Secretary of State** 1. Entity Name GF INVESTMENTS, INC. Principal Place of Business Mailing Address 17351 SW 58 ST 17351 SW 58 ST FT LAUDERDALE FL 33331 FT LAUDERDALE FL 33331 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 26-0003714 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GUBNITSKY, HAROLD Street Address (P.O. Box Number is Not Acceptable) 17351 SW 58 ST FT LAUDERDALE FL 33331 Zip Code City 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. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition ☐ Delete INTLE TITLE NAME GUBNITSKY, HAROLD U00000086562 03/12/04-80029-005 150.00 NAME 17351 SW 58 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33331 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE BRE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE Delete MARKE STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Addition Change Change Delete DILE NAME MARKE STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP 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 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

3-3-04

**FILED** 

Mar 12, 2004 08:00 AM