2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P02000108078

Entity Name: GCFP CORPORATION

Current Principal Place of Business:

9300 S DIXIE HWY
205
MIAMI, FL 33156 US

New Principal Place of Business:

2121 PONCE DE LEON BLVD.
SUITE 240
CORAL GABLES, FL 33134 US

Current Mailing Address:

9300 S DIXIE HWY
205
MIAMI, FL 33156 US

New Mailing Address:

2121 PONCE DE LEON BLVD.
SUITE 240
CORAL GABLES, FL 33134 US

FEI Number: 83-0339302 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ALFANO, ALEXANDER J ESQ
2655 LE JEUNE RD
SUITE 403
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

PRATS FERNANDEZ & CO., P.A.
2121 PONCE DE LEON BLVD.
SUITE 240
CORAL GABLES, FL 33134 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: GABRIEL PRATS 04/28/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: TRONCOSO, RAFAEL D
Address: 1320 S. DIXIE HWY STE 280
City-St-Zip: CORAL GABLES, FL 33146

Title: D ( ) Delete
Name: TRONCOSO, JOSE A
Address: 1320 S DIXIE HWY STE 280
City-St-Zip: CORAL GABLES, FL 33146

Title: D ( ) Delete
Name: DE LA TORRE, AGUSTINA
Address: 1320 S DIXIE HWY STE 280
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: TRONCOSO, RAFAEL D
Address: 2121 PONCE DE LEON BLVD., SUITE 240
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D (X) Change ( ) Addition
Name: TRONCOSO, JOSE A
Address: 2121 PONCE DE LEON BLVD., SUITE 240
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D (X) Change ( ) Addition
Name: DE LA TORRE, AGUSTINA
Address: 2121 PONCE DE LEON BLVD., SUITE 240
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RAFAEL D TRONCOSO D 04/28/2009
Electronic Signature of Signing Officer or Director Date