

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000052009

1. Entity Name
GAFFY, INC.



Principal Place of Business

**1311 SW 84 COURT
MIAMI, FL 33144**

Mailing Address

**1311 SW 84 COURT
MIAMI, FL 33144**

DO NOT WRITE IN THIS SPACE



01252006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0021594

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GAFCOVICH, SAM
1311 SW 84 COURT
MIAMI, FL 33144**

**DO NOT WRITE
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000494478
04/20/06-80048-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	GAFCOVICH, SAM
STREET ADDRESS	1311 SW 84 COURT
CITY - ST - ZIP	MIAMI, FL 33144
TITLE	VSD
NAME	GAFCOVICH, MARLENE L
STREET ADDRESS	1311 SW 84 COURT
CITY - ST - ZIP	MIAMI, FL 33144
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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

Deputy Secretary

SAM GAFCOVICH - PRES 01/26/06 (305) 726-7844