


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90028 028 ***150.00

DOCUMENT # P04000030377

1. Entity Name
GILMAN FUNDING GROUP, INC.



Principal Place of Business
**1620 S OCEAN BLVD
 POMPANO BCH, FL 33062**

Mailing Address
**1620 S OCEAN BLVD
 POMPANO BCH, FL 33062**

40004207



2. Principal Place of Business
1620 S OCEAN BLVD
 Suite, Apt. #, etc.
Suite 9E

3. Mailing Address
Same
 Suite, Apt. #, etc.

01152005 Chg-P CR2E034 (10/03)

City & State
Pompano Bch

City & State

Zip
33062 Country
BROWARD

Zip Country

4. FEI Number
20-0714548

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GEIER, ELYSE
1620 S OCEAN BLVD
POMPANO BCH, FL 33062

7. Name and Address of New Registered Agent

Name
Gus BAZARIAN

Street Address (P.O. Box Number is Not Acceptable)
1620 S OCEAN Blvd. Suite 9E

City
Pompano Bch **FL** Zip Code
33062

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 **Gus BAZARIAN** **Ann Bucaria** **1/20/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating.) DATE

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Gus BAZARIAN 1620 S OCEAN Blvd Suite 9E Pompano Bch FL 33062	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Ann Bucaria** **1/20/05** **954-942-9126**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #