2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2005
Secretary of State

DOCUMENT# P04000041874

Entity Name: G & F WHOLESALE, INC.

Current Principal Place of Business:

3519 WEST 74TH PLACE
HIALEAH, FL 33018

New Principal Place of Business:

10292 NW 9TH STREET CIRCLE
105
MIAMI, FL 33172

Current Mailing Address:

3519 WEST 74TH PLACE
HIALEAH, FL 33018

New Mailing Address:

10292 NW 9TH STREET CIRCLE
105
MIAMI, FL 33172

FEI Number: 35-2226926 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, REYNALDO
3519 WEST 74TH PLACE
HIALEAH, FL 33018 US

Name and Address of New Registered Agent:

FONT, REYNALDO
10292 NW 9TH STREET CIRCLE
105
MIAMI, FL 33172 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: REYNALDO FONT 07/15/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: GONZALEZ, REYNALDO
Address: 3519 WEST 74TH PLACE
City-St-Zip: HIALEAH, FL 33018

Title: VS (X) Delete
Name: FONT, REINALDO
Address: 10292 NW 9TH STREET CIRCLE APT 105
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: FONT, REYNALDO
Address: 10292 NW 9TH STREET CIRCLE
City-St-Zip: MIAMI, FL 33172

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: REYNALDO FONT PT 07/15/2005
Electronic Signature of Signing Officer or Director Date