2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P04000113953

GREAT FINANCIAL CORPORATION



Principal Place of Business

15050 NW 79TH CT SUITE 200

MIAMI LAKES, FL 33016

Mailing Address

15050 NW 79TH CT SUITE 200 MIAMI LAKES, FL 33016

FILED Jan 14, 2008 8:00 am **Secretary of State**

01-14-2008 90117 001 ***300.00

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No Chg-P

CR2E034 (11/05)

4. FEI Number NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MULLER, CHARLES E II 7385 GALLOWAY ROAD, SUITE 200 MIAMI EL 33173

DO NOT WRI

1411/1411, 1 E	. 33173			IN T	HIS SPACE
8. The above the obligat	named entity submits this statement for the pions of registered agent.	purpose of changing its registered	d office or r	egistered agent, or both	n, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	Agent signature	e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				42
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GHOMESHI, MEHDI 15050 NW 79TH CT SUITE 200 MIAMI, FL 33016				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				.*	
TITLE					

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 eath; 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #