

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

6/4

**FILED**  
**Jul 17, 2007 8:00 am**  
**Secretary of State**

06-04-2007 90013 013 \*\*\*159.00

|   |   |         |   |   |  |
|---|---|---------|---|---|--|
| <b>DOCUMENT # P05000023612</b>  |   |         |   |   |  |
| <b>1. Entity Name</b><br>G.E.F. MY CREDIT, INC.   |   |         |   |   |  |
| <b>Principal Place of Business</b><br>19284 NORTHWEST 56TH PLACE<br>OPA LOCKA, FL 33055   |   |         | <b>Mailing Address</b><br>P.O. BOX 8341<br>HIALEAH, FL 33012  |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |   |         | <b>3. Mailing Address</b>   |   |  |
| Suite, Apt. #, etc.   |   |         | Suite, Apt. #, etc.   |   |  |
| City & State  |   |         | City & State  |   |  |
| Zip   |   | Country |   | Zip   |  |
| Country   |   | Country |   | 4. FEI Number<br><b>APPLICATOR 03-0557337</b>   |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |   |         |   | <b>Applied For</b><br>Not Applicable  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>SPIEGEL & UTRERA, P.A.<br>1840 SW 22ND ST.<br>4TH FLOOR<br>MIAMI, FL 33145  |   |         |   | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
| <b>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.</b><br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing)<br>Signature, typed or printed name of registered agent and title if applicable. DATE _____   |   |         |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 14, 2007</b>  |   |         | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |         | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PSTD<br>NEGRONI, ELISA I<br>19284 NORTHWEST 56TH PLACE<br>OPA LOCKA, FL 33055 |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>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.</b> |   |         |   |   |  |
| <b>SIGNATURE:</b> <i>Elisa I. Negroni</i>   |   |         | Date: <i>5/25/07</i>  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |         | Daytime Phone: <i>786-246-2477</i>  |   |  |