2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P05000093365 Feb 01, 2007 08:00 AM **Secretary of State** GF ENTERPRISE GROUP, INC. Principal Place of Business Mailing Address 2000 SW 100TH TERR 2000 SW 100TH TERR MIRAMAR, FL 33025 MIRAMAR, FL 33025 01292007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 81-0675502 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FERRER, GUSTAVO DO NOT WRITE 5220 KING ARTHUR AVE **DAVIE, FL 33331** 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE FERRER, GUSTAVO STREET ADDRESS 5220 KING ARTHUR AVE CITY - ST - ZIP **DAVIE, FL 33331** U00000616275 02/07/07-80021-019 150.00 TITLE FERRER, JESSICA MAKE 4319 REFLECTION BLVD #104 STREET ADDRESS SUNRISE, FL 33351 CITY-ST-ZIP TITLE FERRER, GUSTAVO R STREET ADDRESS 17238 NW 60 CT DO NOT WRITE CITY-ST-ZIP HIALEAH, FL 33015 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP HILE

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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND VIEW ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-07

Daytime Phone #