


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000093365**

1. Entity Name  
**GF ENTERPRISE GROUP, INC.**



Principal Place of Business      Mailing Address

**2000 SW 100TH TERR  
MIRAMAR, FL 33025**      **2000 SW 100TH TERR  
MIRAMAR, FL 33025**

**DO NOT WRITE IN THIS SPACE**



01042008    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**81-0675502**      Not Applicable

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

6. Name and Address of Current Registered Agent

**FERRER, GUSTAVO  
5220 KING ARTHUR AVE  
DAVIE, FL 33331**

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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


10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FERRER, GUSTAVO
STREET ADDRESS	5220 KING ARTHUR AVE
CITY-ST-ZIP	DAVIE, FL 33331
TITLE	D
NAME	FERRER, JESSICA
STREET ADDRESS	4319 REFLECTION BLVD #104
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	D
NAME	FERRER, GUSTAVO R
STREET ADDRESS	17238 NW 60 CT
CITY-ST-ZIP	HIALEAH, FL 33015
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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01/18/08-80008-005 150.00

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:       1-4-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #