


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90041 018 ***150.00

DOCUMENT # P06000071553					
1. Entity Name G.F. TRADING GROUP, INC.					
Principal Place of Business 5731 NW 112TH AVE STE #101 MIAMI, FL 33178			Mailing Address 5731 NW 112TH AVE STE #101 MIAMI, FL 33178		
2. Principal Place of Business - No P.O. Box # 11102 NW 83rd street		3. Mailing Address 11102 NW 83rd street			
Suite, Apt. #, etc. 227		Suite, Apt. #, etc. 227			
City & State Doral FL		City & State Doral FL		4. FEI Number 20-4922123	
Zip 33178		Country		Applied For Not Applicable	
Zip 33178		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ, KATIA 5731 NW 112TH AVE STE #101 MIAMI, FL 33178			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11102 NW 83rd street, suite 227 City Doral FL Zip Code 33178		
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS LOPEZ, KATIA 5731 NW 112TH AVE STE #101 MIAMI, FL 33178		TITLE NAME STREET ADDRESS CITY-ST-ZIP	11102 NW 83rd street, suite 227 Doral FL 33178	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Katia P. Lopez</i>			Date <i>3/15/08</i> Daytime Phone # <i>786-2691682</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					