

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000011696

Entity Name: G.F.I. INVESTMENTS, INC.

FILED
Jan 21, 2004
Secretary of State

Current Principal Place of Business:

999 WASHINGTON AVE.
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

999 WASHINGTON AVE.
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 65-0470529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GALBUT, ABRAHAM A
999 WASHINGTON AVE
MIAMI BCH, FL 33139 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: GALBUT, ALRAHAM A
Address: 999 WASHINGTON AVE.
City-St-Zip: MIAMI BEACH, FL 33139

Title: DVT () Delete
Name: GALBUT, RUSSELL W
Address: 555 N.E. 15 STREET
City-St-Zip: MIAMI, FL 33132

Title: D () Delete
Name: GALBUT, ROBERT
Address: 999 WASHINGTON AVE.
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: GALBUT, DAVID
Address: 999 WASHINGTON AVE.
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: MENIN, BRUCE
Address: 5225 COLLINS AVE., APT 1620
City-St-Zip: MIAMI BCH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ABRAHAM A. GALBUT

DPS

01/21/2004

Electronic Signature of Signing Officer or Director

_____ Date