


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90202 002 ***150.00

DOCUMENT # P95000083708		
1. Entity Name G & F II CORP.		

Principal Place of Business 5025 COLLINS AVENUE SUITE 1405 MIAMI, FL 33140	Mailing Address 703 KING ST A ATTN: JILL CROSS CHARLESTON, SC 29403
---	--

40070733



2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3035 SW 25 TERRACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. C/O Lillian Novo	
City & State		City & State MIAMI, FL	
Zip	Country	Zip	Country
33133	U.S.		

04132007 Chg-P CR2E034 (12/06)

4. FEI Number 13-3624262	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent LOPEZ-GARCIA, JORGE L 395 ALHAMBRA CIRCLE SUITE 301 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
--	--	--	--

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, 2007 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	DTP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCEVOLA, FILIPPO	NAME	
STREET ADDRESS	5025 COLLINS AVENUE, #1405	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33140	CITY - ST - ZIP	
TITLE	DVPS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCEVOLA, PAOLA MANFRONI	NAME	
STREET ADDRESS	5025 COLLINS AVENUE, #1405	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33140	CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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>Filippo Scavola</i>	Date: 4/14/07	Daytime Phone #: 305-299-1084
-----------------------------------	---------------	-------------------------------

Filippo Scavola