2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2005 08:00 AM of State

Applied For Not Applicable

DOCUMENT # P96000 1. Entity Name GWF ENTERPRISES, INC.		Secretary of St			
Principal Place of Business 8142 W. BROWARD BLVD.	Mailing Address 8142 W. BROWARD BLVD.		- - -		
ROOM 8142 PLANTATION, FL 33324	ROOM 8142 PLANTATION, FL 33324				
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DO NOT WO	TT IN THIS OR	\ <u>^</u> =	03292005 No Ghg-P	CR2	E034 (10/03)
DO NOT WR	ACE	4. FEI Number 65-0646719		Applied Not Appl	
			5. Certificate of Status Desired		\$8.75 Additional Fee Required
6. Name and Address of C	urrent Registered Agent				
FREED, GARY W 8124 W. BROWARD BLVD.		}	DO NOT W	/RIT	Έ
ROOM 8142 PLANTATION FL 33324	IN THIS SPACE				

l	Signature, typed or printed name or registered agent and tills to	r epplicable. (NO) E: Ḥagastered	Agent signature	required when reinstating)	DAIE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREED, GARY W 8142 W. BROWARD BLVD #8142 PLANTATION, FL 33324	- 			U00000316832 U00000316832 U00000316832	50.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						··
TITLE NAME						

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

12. I hereby certify that the information supplied with this filling does not qualify 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 signature shall have the same legal effect as it 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.

STREET ADDRESS CMY-ST-ZIP

PLANTATION, FL 33324

SIGNATURE.

the obligations of registered agent.

GARY W FREED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05

954 475 1212

Daytime Phone #