

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90088 016 ***163.75

24007035



MOORE CR2E034 (11/03)

DOCUMENT # P96000101712	
1. Entity Name GBF ENGINEERING, INC.	



Principal Place of Business 3305 N.W. 55TH ST. BLDG. 14 FORT LAUDERDALE FL 33309	Mailing Address 3305 N.W. 55TH ST. BLDG. 14 FORT LAUDERDALE FL 33309
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2. Principal Place of Business 3305 N.W. 55th St.	3. Mailing Address 3305 N.W. 55th St.
Suite, Apt. #, etc. Bldg. 14	Suite, Apt. #, etc. Bldg. 14

City & State Fort Lauderdale, Florida	City & State Fort Lauderdale, Florida
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Zip 33309	Country Broward	Zip 33309	Country Broward
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4. FEI Number 65-0715034	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DILMAGHANI, GLADYS SOTO 12737 NW 18TH PLACE CORAL SPRINGS FL 33071	
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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 *Gladys Soto Dilmaghani* / Gladys Soto Dilmaghani 1-28-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME DILMAGHANI-SOTO, GLADYS	
STREET ADDRESS 12737 NW 18TH PLACE	
CITY-ST-ZIP CORAL SPRINGS FL 33071	
TITLE V	<input type="checkbox"/> Delete
NAME HOSSEINI, HAMID	
STREET ADDRESS 18260 N. BAY RD #310	<i>6851 Maxwell Drive</i>
CITY-ST-ZIP N. MIAMI FL 33160	<i>Boca Raton, FL 33496</i>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Vice President</i>
STREET ADDRESS	<i>Hamid Hosseini</i>
CITY-ST-ZIP	<i>6851 Maxwell Drive</i>
	<i>Boca, Raton, Florida 33496</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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 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: *Gladys Soto Dilmaghani* 1-28-04 (954) 735-6823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #