


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90044 032 ***163.75

DOCUMENT # P96000101712

1. Entity Name
GBF ENGINEERING, INC.



Principal Place of Business Mailing Address

**3305 N.W. 55TH ST.
 BLDG. 14
 FORT LAUDERDALE, FL 33309**

**3305 N.W. 55TH ST.
 BLDG. 14
 FORT LAUDERDALE, FL 33309**

2. Principal Place of Business 3. Mailing Address

5340 N.W. 10th TERRACE **5340 N.W. 10th TERRACE**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Fort Lauderdale, FL **Fort Lauderdale, FL**

Zip Country Zip Country

33309 **Broward** **33309** **Broward**

01042005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

65-0715034 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required?

6. Name and Address of Current Registered Agent

DILMAGHANI, GLADYS SOTO
12737 NW 18TH PLACE
CORAL SPRINGS, FL 33071

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* DATE: **1-5-05** *Gladys Soto Dilmaghani*

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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	VP	<input type="checkbox"/> Delete
NAME	HOSSEINI, HAMID	
STREET ADDRESS	6851 MAXWELL DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33496	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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* DATE: **1-5-05** *19541492-9921*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #