2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2005 08:00 AM Secretary of State

1. Entity Nam THE GAF	RRETT GROUP, INC.			Secretary of State
2500 N MILI	te of Business	Mailing Address 2500 N MILITARY_TR.		-
260	N, FL 33431 US	260 BOCA RATON, FL 33431	IS	
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DO NOT WRITE IN THIS SPACE			CF.	03292005 No Chg-P CR2E034 (10/03)
-			-	4. FEI Number Applied For 65-0256781 Not Applied For Not Applicable \$8.75 Additional
	6. Name and Address of Current Re		·	5. Certificate of Status Desired Fee Required
GOLDSTEIN, ARNOLD S. 2500 N MILITARY TR # 260 BOCA RATON, FL 33431 DO NOT WRITE IN THIS SPACE				
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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when (einstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees				
TOTLE	OFFICERS AND D	IRECTORS		
NAME STREET ADDRESS CITY-ST-ZIP	GOLDSTEIN, ARNOLD S 2500 N MILITARY TR # 260 BOCA RATON, FL 33431			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS GOLDSTEIN, MARLENE J 2500 N MILITARY TR # 260 BOCA RATON, FL 33431			
NAME STREET ADDRESS City-St-Zip				DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			IN THIS SPACE
TITLE NAME STREET ADDRESS CITY+ST-ZIP		•		
TITLE 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 frustee 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 of an attachment with an address, with all other like empowered.				
SIGNATURE: 1/3/05 Sol-953-1322 CALCULATURE AND TYPED OF PRINTED NAME OF SIGNING OFFIGER OR DIRECTOR CONTROL OF SIGNING OFFIGER OR DIRECTOR CONTROL OF SIGNING OFFIGER OR DIRECTOR CONTROL OF SIGNING OFFIGER OR DIRECTOR				
- Maysene J. 40d STERN				