


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90829 045 ***150.00

DOCUMENT # S78355 1. Entity Name GFC OF MIAMI, INC.																																					
Principal Place of Business 1528 SEVILLA AVE CORAL GABLES, FL 33134-6262			Mailing Address 1528 SEVILLA AVE CORAL GABLES, FL 33134-6262																																		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address																																		
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																		
City & State			City & State																																		
Zip		Country		4. FEI Number 65-0286446																																	
5. Certificate of Status Desired <input type="checkbox"/>		Chg-P		CR2E034 (12/06)																																	
6. Name and Address of Current Registered Agent GARCIA-FRUTOS, JOSE M. 1528 SEVILLA AVE CORAL GABLES, FL 33134-6262				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																	
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.				Applied For Not Applicable																																	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				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																																	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 4-25-07 Daytime Phone: _____																																	