


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2007 8:00 am
Secretary of State

07-18-2007 90046 050 ***150.00

DOCUMENT # V33785		
1. Entity Name GFR ONE CORP.		

Principal Place of Business 231 DOUGLAS ROAD EAST 10 OLDSMAR, FL 34677	Mailing Address 231 DOUGLAS ROAD EAST 10 OLDSMAR, FL 34677
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2. Principal Place of Business - No P.O. Box # 231 DOUGLAS RD.	3. Mailing Address
Suite, Apt. #, etc. UNIT 1	Suite, Apt. #, etc.

City & State OLDSMAR, FL	City & State FL
Zip 34677	Country USA

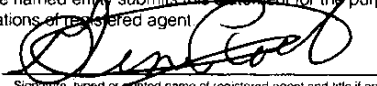


07052007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3124706	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROEFARO, GENE 231A DOUGLAS ROAD E SUITE 1 OLDSMAR, FL 34677		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 	DATE

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ROEFARO, GENE R 20 WOOD GLEN CT OLDSMAR, FL 34677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: 	7-16-07	813 854-4344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

ATTACHMENT
40125801
#V33785 -

July 16, 2007

To Whom It May Concern:

I did not get the notice to pay my corp. tax fee. I moved.

My new address is 231 Douglas Rd , unit 1
Oldsmar, FL 34677

Enclosed are the \$150.00 payment for each.

Please change both addresses.

Thank you

Gene Roefaro

x GFR ONE CORP

x Roefaro Corp