

2010 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

21031.4650--3/14/2011

210314650



① CORPORATION NAME:
GFC Enterprises, Inc.

DUE DATE: 12/30/10

② VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR.
J LUIS HERNANDEZ

SCC ID NO.: 0249731-1

13735 BALMORAL GREENS AVE

⑤ STOCK INFORMATION

CLIFTON, VA 20124

③ CITY OR COUNTY OF VA REGISTERED OFFICE:
129-FAIRFAX COUNTY

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 5,000 |

④ STATE OR COUNTRY OF INCORPORATION:
VA-VIRGINIA

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the attached instruction sheet. Type or print in black only. If item ⑥ is blank or incorrect, you must add or change the principal office address where indicated. If item ⑦ is blank or incorrect, you must add or change the director and officer information where indicated.

⑥ PRINCIPAL OFFICE ADDRESS:

| | |
|---|---|
| <input checked="" type="checkbox"/> Mark this box if address shown below is correct | If the block to the left is blank or contains incorrect data please add or correct the address below. |
| ADDRESS: 13735 BALMORAL GREENS AVE CITY/ST/ZIP CLIFTON, VA 20124 | ADDRESS: CITY/ST/ZIP |

⑦ DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

| | |
|--|---|
| Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement |
| OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: J LUIS HERNANDEZ TITLE: PRESIDENT ADDRESS: 13735 BALMORAL GREENS AVE CITY/ST/ZIP: CLIFTON, VA 20124 | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP: |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE AND COMPLETE.

Aracelia Hernandez Aracelia Hernandez 1-21-11
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT PRINTED NAME AND CORPORATE TITLE DATE

It is a Class 1 misdemeanor for any person to sign a document he knows is false in any material respect with intent that the document be delivered to the Commission for filing.

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CORPORATION NAME:
GFC Enterprises, Inc.

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⑦ DIRECTORS AND PRINCIPAL OFFICERS (continued):

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

| | | | |
|--|------------------------------|---|--|
| Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information | | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement | |
| OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> | | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> | |
| NAME: | ARASELIA HERNANDEZ | NAME: | |
| TITLE: | SECRETARY | TITLE: | |
| ADDRESS: | 13735 BALMORAL GREENS AVE | ADDRESS: | |
| CITY/ST/ZIP: | CLIFTON, VA 20124 | CITY/ST/ZIP: | |
| Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information | | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement | |
| OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> | | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> | |
| NAME: | J FELIPE HERNANDEZ | NAME: | |
| TITLE: | DIRECTOR | TITLE: | |
| ADDRESS: | 13735 BALMORAL GREENS AVE | ADDRESS: | |
| CITY/ST/ZIP: | CLIFTON, VA 20124 | CITY/ST/ZIP: | |
| Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information | | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement | |
| OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> | | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> | |
| NAME: | J CARLOS HERNANDEZ | NAME: | |
| TITLE: | DIRECTOR | TITLE: | |
| ADDRESS: | 13735 BALMORAL GREENS AVENUE | ADDRESS: | |
| CITY/ST/ZIP: | CLIFTON, VA 20124 | CITY/ST/ZIP: | |
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| NAME: | | NAME: | |
| TITLE: | | TITLE: | |
| ADDRESS: | | ADDRESS: | |
| CITY/ST/ZIP: | | CITY/ST/ZIP: | |

