

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

21120.7170--12/29/2011

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20111229

1. CORPORATION NAME:
GFC Enterprises, Inc.
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR.
J LUIS HERNANDEZ

DUE DATE: 12/31/11

SCC ID NO.: 0249731-1

13735 BALMORAL GREENS AVE

5. STOCK INFORMATION

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
CLIFTON, VA 20124
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 enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input 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	ADDRESS:
CITY/ST/ZIP CLIFTON, VA 20124	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 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: J LUIS HERNANDEZ	NAME:
TITLE: PRESIDENT	TITLE:
ADDRESS: 13735 BALMORAL GREENS AVE	ADDRESS:
CITY/ST/ZIP: CLIFTON, VA 20124	CITY/ST/ZIP:

I affirm that the information contained in this report is accurate and complete as of the date below.

J Luis Hernandez
 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

J. Luis Hernandez, President
 PRINTED NAME AND CORPORATE TITLE

12/26/11
 DATE

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

211207170

CORPORATION NAME:
GFC Enterprises, Inc.

DUE DATE: 12/31/11
SCC ID NO.: 0249731-1

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7. DIRECTORS AND PRINCIPAL OFFICERS (continued):

Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input checked="" 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 type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input checked="" 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 type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input checked="" 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:	
Mark appropriate box unless area below is blank: <input 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 type="checkbox"/>		OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	
NAME:		NAME:	
TITLE:		TITLE:	
ADDRESS:		ADDRESS:	
CITY/ST/ZIP:		CITY/ST/ZIP:	

