

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90469 035 ***150.00

| | | | |
|---|---------------------------------|--|---|
| DOCUMENT # P01000048074 1. Entity Name FRITZ GEITNER, INC. | | | |
| Principal Place of Business 1823 JACKSON STREET UNIT 2 HOLLYWOOD, FL 33020 US | | Mailing Address P.O. BOX 414931 MIAMI BEACH, FL 33141 US | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 1823 JACKSON ST. UNIT # 2 | |
| City & State HOLLYWOOD, FL | | City & State HOLLYWOOD, FL | |
| Zip 33020 | Country | Zip 33020 | Country |
| 4. FEI Number 65-1106138 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GEITNER, ROBERT T 1823 JACKSON STREET UNIT 2 HOLLYWOOD, FL 33020 | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-statuting) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP PT FRITZ, NEIL 7125 BAY DRIVE, UNIT 306 MIAMI BEACH, FL 33141 | <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 VS GEITNER, ROBERT T 1823 JACKSON STREET HOLLYWOOD, FL 33020 | <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 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 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: <u>T. Neil Fritz</u> T. NEIL FRITZ, PRESIDENT | | Date: <u>4/27/05</u> Daytime Phone #: <u>786-200-9260</u> | |