

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90068 043 \*\*\*150.00

**DOCUMENT # P03000124644**


1. Entity Name  
**GELD INVESTMENT CORP.**



Principal Place of Business <b>834 SOUTH FEDERAL HIGHWAY          DEERFIELD BEACH, FL 33441</b>	Mailing Address <b>834 SOUTH FEDERAL HIGHWAY          DEERFIELD BEACH, FL 33441</b>
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**DO NOT WRITE IN THIS SPACE**

10000001



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>51-0489696</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GONZALO PELAEZ  
 834 SOUTH FEDERAL HIGHWAY  
 DEERFIELD BEACH, FL 33441**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALO, PELAEZ A. 834 SOUTH FEDERAL HIGHWAY DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <del>PETERS, MASCINA</del> <del>834 S. FED. HWY</del> <del>DEERFIELD BEACH, FL 33441</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JAN K. JANDORWAY 834 SO. FEDERAL HIGHWAY DEERFIELD BEACH FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** *Gonzalo Pelaez* **PROSIDENT** **984**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **MARCH 31/08** Daytime Phone #: **242 2565**