2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

4/22/2005-90294-020-$100.00-$100.00

FILED
05 MAY 17 AM 8: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0400C122131

1. Entity Name
TALI GEARTNER INC.

Principal Place of Business	Mailing Address
~~1301 RIVER REACH DRIVE~~ ~~419~~ ~~FORT LAUDERDALE FL 33315~~ ~~US~~	~~1301 RIVER REACH DRIVE~~ ~~419~~ ~~FORT LAUDERDALE FL 33315~~ ~~US~~

N

2. Principal Place of Business		3. Mailing Address	
Tali Geartner		Tali Geartner	
Suite, Apt. #, etc. 2565 N.E. 26 Ave.		Suite, Apt. #, etc. 2565 N.E. 26 Ave.	
City & State Ft. Lauderdale, FL 33305		City & State Ft. Lauderdale, FL 33305	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/04)

4. FEI Number 20-1541225 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANTINI & ASSOCIATES, P.A.
4179 DAVIE ROAD
SUITE 200
DAVIE FL 33314

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 ______ 3/28/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	owner Tali Geartner 2565 NE 26 Ave Ft Lauderdale, FL 33305	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900055377009 05/26/05--01052--027 **50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: ______ 3/28/05 (954) 253-6525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #