

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90058 028 ***150.00

DOCUMENT # P95000065069					
1. Entity Name GEEL CORP.					
Principal Place of Business 12901 SW 117TH STREET MIAMI, FL 33186			Mailing Address 12901 SW 117TH STREET MIAMI, FL 33186		
2. Principal Place of Business 11249 SW 154 Ave Suite, Apt. #, etc.		3. Mailing Address 11249 SW 154 Ave Suite, Apt. #, etc.			
City & State Miami FL		City & State Miami FL		4. FEI Number 65-0614057	
Zip 33196		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ESPOSITO, ANTONIETTA F 12901 SW 117TH STREET MIAMI, FL 33186			7. Name and Address of New Registered Agent Name: <u>Esposito, Antonietta</u> Street Address (P.O. Box Number is Not Acceptable): <u>11249 SW 154 Ave</u> City: <u>Miami</u> FL Zip Code: <u>33196</u>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <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	D <input type="checkbox"/> Delete ESPOSITO, ANTONIETTA F 12901 SW 117TH STREET MIAMI, FL 33186		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition Esposito, Antonietta 11249 SW 154 Ave Miami FL 33196	
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	
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>Antonietta Esposito</u> <u>03-11-04</u> <u>305 382 1503</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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Handwritten: Paid 03/10/04 \$150