

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 540982

FILED  
Apr 01, 2007  
Secretary of State

Entity Name: GEOTYPE OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

470 N.E. 167TH STREET  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

470 N.E. 167TH STREET  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

FEI Number: 59-1746166

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COHEN, JEFFREY ROY, ESQ.  
297 SUNNY ISLES BLVD  
NO. MIAMI BEACH, FL 33160 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: GLICKSMAN, MARK,  
Address: 470 NE 167TH ST.  
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: S/T ( ) Delete  
Name: GLICKSMAN, JOEL,  
Address: 470 NE 167TH ST.  
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: P ( ) Delete  
Name: GLICKSMAN, ROBERT,  
Address: 470 NE 167TH ST.  
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK GLICKSMAN

VP

04/01/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date