

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 540982

FILED
Apr 05, 2009
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:

GLICKSMAN, MARK J VP
470 NE 167 STREET
NORTH MIAMI BEACH, FL 33162 US

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: MARK GLICKSMAN

04/05/2009

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 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

04/05/2009

Electronic Signature of Signing Officer or Director

Date