## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000002347

Entity Name: GETABSTRACT.COM. INC

FILED Mar 30, 2005 Secretary of State

Littity Nai	me. GETABO	TRACT.COM, INC.				
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
52 W OAKLAND PARK BLVD				29TH AVENUE		
#213 FORT LAUDERDALE, FL 33311				SUITE 700 AVENTURA, FL 33180		
Current Mailing Address:			New Mail	New Mailing Address:		
52 W OAKLAND PARK BLVD				18851 NE 29TH AVENUE		
#213 FORT LAUDERDALE, FL 33311			SUITE 700 AVENTUR	RA, FL 33180		
FEI Number:	: 52-2209418	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired (X)	
Name and	Address of C	Current Registered Agent:	Name and	l Address of Ne	ew Registered Agent:	
1031 IVES NORTH M	DELGADO, P DAIRY RD, S IAMI, FL 3317	TE 228 9 US	purpose of changing	its reaistered off	ice or registered agent, or botl	
in the State	e of Florida.	·		J	<b>5</b>	
SIGNATUF		nic Signature of Registered Ag	ont		 Date	
Election Car		g Trust Fund Contribution ( ).	ent		Date	
		,	ADDITIO	JE/CHANGES T	O OFFICERS AND DIRECTO	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
Title: Name: Address: City-St-Zip:	DOBELLI, ROL	D PARK BLVD #213	Title: Name: Address: City-St-Zip:	CP (X)		
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	V ( ) Change (X) Addition BRIGGER, PATRICK TULPENSTRASSE 3 ROTHENBURG, CH 6923 CH		
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	D ( ) Change (X) Addition GETABSTRACT AG, ALPENQUAI 12 LUCERNE, CH 6005 CH		
Title: Name: Address: City-St-Zip:	SS:		Title: Name: Address: City-St-Zip:	D ( ) Change (X) Addition DOBELLI, ROLF 18851 NE 29TH AVENUE, #700 AVENTURA, FL 33180		
Title: Name: Address: City-St-Zip:		) Delete	Title: Name: Address: City-St-Zip:	S ()( GOLDSMITH, KE 1656 POLK ST. # HOLLYWOOD, F	<b>#</b> 9	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROLF DOBELLI D 03/30/2005