2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State
07-21-2004 90020 004 ***150.00

DOCUMENT # F50994

1. Entity Name
GEOLMA CORPORATION

Principal Place of Business
~~872 W 39TH PL~~ 863 W. 39 PL.
HIALEAH, FL 33012

Mailing Address
~~872 W 39TH PL~~ 863 W. 39 PL.
HIALEAH, FL 33012

54063934

07152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2138841
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAPOTE, GERARDO
~~130TH WEST 27TH STREET, 3~~
~~HIALEAH, FL 33010~~

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CAPOTE, GERARDO
STREET ADDRESS	~~872 WEST 39TH PLACE~~ 863 W. 39 PL
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	SD
NAME	CAPOTE, LEOVIGILDA M
STREET ADDRESS	~~872 WEST 39TH PLACE~~ 863 W 39 PL
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	VD
NAME	CAPOTE, GERARDO JR
STREET ADDRESS	~~872 WEST 39TH PLACE~~ 863 W 39 PL
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Gerardo Capote 7/15/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #