

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F50994

FILED  
Mar 14, 2007  
Secretary of State

Entity Name: GEOLMA CORPORATION

## Current Principal Place of Business:

863 W 39 PLACE  
HIALEAH, FL 33012

## New Principal Place of Business:

6210 NW 194 STREET  
HIALEAH, FL 33015 US

## Current Mailing Address:

863 W 39 PLACE  
HIALEAH, FL 33012

## New Mailing Address:

6210 NW 194 STREET  
HIALEAH, FL 33015 US

FEI Number: 59-2138841

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAPOTE, LEOVIGILDA  
863 W 39 PLACE  
HIALEAH, FL 33012 US

## Name and Address of New Registered Agent:

CAPOTE, LEOVIGILDA  
6210 NW 194 STREET  
HIALEAH, FL 33015 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:

03/14/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CAPOTE, LEOVIGILDA  
Address: 863 W 39 PLACE  
City-St-Zip: HIALEAH, FL 33012

Title: SD ( ) Delete  
Name: MILIAN, OLGA  
Address: 863 W 39 PLACE  
City-St-Zip: HIALEAH, FL 33012

Title: VD ( ) Delete  
Name: CAPOTE, GERARDO  
Address: 6210 NW 194 STREET  
City-St-Zip: MIAMI, FL 33015

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CAPOTE, LEOVIGILDA  
Address: 6210 NW 194 STREET  
City-St-Zip: HIALEAH, FL 33015 US

Title: SD (X) Change ( ) Addition  
Name: MILIAN, OLGA  
Address: 16204 SW 18 PLACE  
City-St-Zip: MIRAMAR, FL 33027 US

Title: VD (X) Change ( ) Addition  
Name: CAPOTE, GERARDO  
Address: 6210 NW 194 STREET  
City-St-Zip: HIALEAH, FL 33015 US

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: GERARDO CAPOTE

VD

03/14/2007

Electronic Signature of Signing Officer or Director

Date