

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90223 007 \*\*\*150.00

DOCUMENT # F96000005447

1. Entity Name

GEOFFREY BRADFIELD INC.



Principal Place of Business

105 E. 63RD ST.  
NEW YORK NY 10021

Mailing Address

105 E. 63RD ST.  
NEW YORK NY 10021

50020044



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

116 EAST 61<sup>ST</sup> STREET

Suite, Apt. #, etc.

3. Mailing Address

116 EAST 61<sup>ST</sup> STREET

Suite, Apt. #, etc.

City & State

NEW YORK NY

Zip

10021

Country

USA

City & State

NEW YORK NY

Zip

10021

Country

4. FEI Number

13-3434843

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 E. PARK AVE.  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name NRAI SERVICES INC

Street Address (P.O. Box Number is Not Acceptable)

2731 EXECUTIVE PARK DRIVE

SUITE 4

City

WESTIN

FL

Zip Code

33331

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSDC ☐ Delete  
NAME BRADFIELD, GEOFFREY N  
STREET ADDRESS 105 E. 63RD ST.  
CITY-ST-ZIP NEW YORK NY 10021

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME BRADFIELD, GEOFFREY N.  
STREET ADDRESS 116 EAST 61 STREET  
CITY-ST-ZIP NEW YORK NY 10021

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/05

212 758 1773