

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G48439

Entity Name: GELI ENTERPRISES, INC.

FILED  
Apr 23, 2007  
Secretary of State

## Current Principal Place of Business:

% MANUEL L. RIVERO ACCOUNTANT  
1313 PONCE DE LEON BLVD., #300  
CORAL GABLES, FL 33134

## Current Mailing Address:

% MANUEL L. RIVERO ACCOUNTANT  
1313 PONCE DE LEON BLVD., #300  
CORAL GABLES, FL 33134

## New Principal Place of Business:

C/O MANUEL L. RIVERO, ACCOUNTANT  
1313 PONCE DE LEON BLVD., SUITE 201  
CORAL GABLES, FL 33134

## New Mailing Address:

C/O MANUEL L. RIVERO, ACCOUNTANT  
1313 PONCE DE LEON BLVD., SUITE 201  
CORAL GABLES, FL 33134

FEI Number: 59-2373928

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ORTIZ, OLIDEN  
740 WEST 71 PLACE  
HIALEAH, FL 33014 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ORTIZ, OLIDEN,  
Address: 740 WEST 71 PLACE  
City-St-Zip: HIALEAH, FL

Title: DP ( ) Delete  
Name: ORTIZ, OLIDEN,  
Address: 740 W 71ST PLACE  
City-St-Zip: HIALEAH, FL 00000,

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ORTIZ, OLIDEN  
Address: 740 WEST 71 PLACE  
City-St-Zip: HIALEAH, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: OLIDEN ORTIZ

D

04/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date