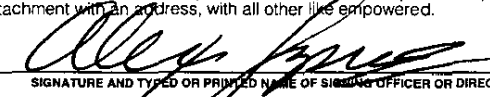


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90027 024 ***150.00

DOCUMENT # J96716 1. Entity Name GERI ENTERPRISES, INC.						
Principal Place of Business 4340 NW 19TH AVE BLDG 8 BAY C POMPANO BEACH, FL 33064 US			Mailing Address 4340 NW 19TH AVE BLDG 8 BAY C POMPANO BEACH, FL 33064 US			
2. Principal Place of Business 4340 N.W. 19th. Avenue Suite, Apt. #, etc. suite 8-H City & State Pompano Beach Fl. Zip 33064		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country U S A				
4. FEI Number 65-0010379		Applied For Not Applicable		02242004 Chg-P CR2E034 (10/03)		
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent LAPIERRE, ALEXANDRE E 2420 NW 68TH TERR MARGATE, FL 33063			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAPIERRE, GERARD 4851 GODFREY ROAD POMPANO BEACH, FL		☒ Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	Alexandre Lapierre 2420 N.W. 68th. Terrace Margate, Fl. 33063	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAPIERRE, RITA 4851 GODFREY ROAD POMPANO BEACH, FL		☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LAPIERRE, ALEXANDRE 4851 GODFREY RD POMPANO BEACH, FL		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 2/28/04 Daytime Phone #						