# 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 | Mailing Address |
|---|---|
| 4340 NW 19TH AVE<br>BLDG 8 BAY C<br>POMPANO BEACH, FL 33064 US | 4340 NW 19TH AVE<br>BLDG 8 BAY C<br>POMPANO BEACH, FL 33064 US |

02242004 Chg-P CR2E034 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 4340 N.W. 19th. Avenue | |
| Suite, Apt. #, etc.: suite 8-H | Suite, Apt. #, etc. |
| City & State: Pompano Beach Fl. | City & State |
| Zip: 33064 Country: U S A | Zip Country |

4. FEI Number: 65-0010379 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| LAPIERRE, ALEXANDRE E<br>2420 NW 68TH TERR<br>MARGATE, FL 33063 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ 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**
**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<br>LAPIERRE, GERARD<br>4851 GODFREY ROAD<br>POMPANO BEACH, FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>Alexandre Lapierre<br>2420 N.W. 68th. Terrace<br>Margate, Fl. 33063 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>LAPIERRE, RITA<br>4851 GODFREY ROAD<br>POMPANO BEACH, FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PTD<br>LAPIERRE, ALEXANDRE<br>4851 GODFREY RD<br>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 |
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| 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:** _____ 2/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #