

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# L03426

FILED
May 23, 2005
Secretary of State**Entity Name:** MAURICE GELINA AND ASSOCIATES, INC.**Current Principal Place of Business:**4040 NE 2ND AVE
SUITE 305
MIAMI, FL 33137 US**New Principal Place of Business:****Current Mailing Address:**4040 NE 2ND AVE
SUITE 305
MIAMI, FL 33137 US**New Mailing Address:****FEI Number:** 65-0135499 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MCMILLAN, JANE W
C/O STOKES MCMILLAN & MARACINI, PA
2 S. BISCAYNE BLVD, STE 3750
MIAMI, FL 33131 US**Name and Address of New Registered Agent:**MCMILLAN, JANE W
C/O STOKES MCMILLAN & MARACINI, PA
ONE SOUTHEAST THIRD AVENUE #1750
MIAMI, FL 33131 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: _____

Electronic Signature of Registered Agent

05/23/2005

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: SCHWINGER, ROBERT M
Address: 630 CARDINAL STREET
City-St-Zip: MIAMI, FL 33166**Title:** SD (X) Delete
Name: COLSON, EUGENE,
Address: 1174 N.E. 105 STREET
City-St-Zip: MIAMI, FL**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PSTD (X) Change () Addition
Name: SCHWINGER, ROBERT M
Address: 630 CARDINAL STREET
City-St-Zip: MIAMI, FL 33166**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 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 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: ROBERT M. SCHWINGER

PRES

05/23/2005

Electronic Signature of Signing Officer or Director

Date