


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90083 023 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # L56610</b>                             |  |
| 1. Entity Name<br><b>GELLER INVESTIGATIONS, INC.</b> |   |

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|--|--|
| Principal Place of Business<br><b>1022 NW 10TH CT<br/>MIAMI, FL 33136 US</b> | Mailing Address<br><b>1022 NW 10TH CT<br/>MIAMI, FL 33136 US</b> |
|--|--|

40055550



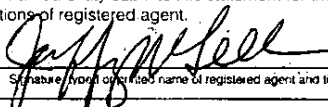
|   |   |
|---|---|
| 2. Principal Place of Business<br><b>3121 Commodore Plaza</b> | 3. Mailing Address<br><b>3121 Commodore Plaza</b> |
| Suite, Apt. #, etc.<br><b># 3</b>                             | Suite, Apt. #, etc.<br><b># 3</b>                 |
| City & State<br><b>MIAMI FL</b>                               | City & State<br><b>MIAMI FL</b>                   |
| Zip<br><b>33133</b>   | Country<br><b>33133</b>                           |

03042005 Chg-P CR2E034 (10/03)

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|--|--|
| 4. FEI Number<br><b>65-0172891</b>                           | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>                  |

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br><b>GELLER, JEFFREY<br/>1022 NW 10TH CT<br/>MIAMI, FL 33136</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3121 Commodore Plaza #3</b><br>City<br><b>MIAMI FL</b> Zip Code<br><b>33133</b> |
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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.

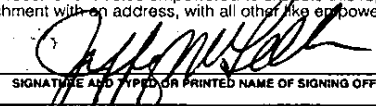
SIGNATURE  DATE **4-12-05**

Signature of the officer, director, or registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

|   |  |
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| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
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|--|--|--|--|
| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GELLER, JEFFREY<br>1022 NW 10 CT<br>MIAMI, FL <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>3121 Commodore Plaza #3<br/>Miami FL 33133</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE **4-12-05** 786-514-8637

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR