

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90062 012 ***158.75

DOCUMENT # P03000035227

1. Entity Name

GERAFINES GROUP CORPORATION



Principal Place of Business

12034 SW 125TH STREET
MIAMI FL 33186

Mailing Address

12034 SW 125TH STREET
MIAMI FL 33186

2. Principal Place of Business

12034 SW 125 ST

3. Mailing Address

12034 SW 125 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami FL

Zip

33186

Country

USA

Zip

33186

Country

USA

4. FEI Number

87-0692898

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POZO, CLAUDIA P MRS
5620 NW 114TH PATH
#209
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name

Marta L Ortiz

Street Address (P.O. Box Number is Not Acceptable)

12034 SW 125 ST

City

Miami

FL

Zip Code

33186

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

Marta L Ortiz

MARTA L. ORTIZ

2/14/04

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ORTIZ, MARTA L MRS	
STREET ADDRESS	12034 SW 125TH STREET	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	POZO, CARLOS I	
STREET ADDRESS	12034 SW 125TH STREET	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	T	<input type="checkbox"/> Delete
NAME	GALLEGO, ALVARO	
STREET ADDRESS	12034 SW 125TH STREET	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	POZO, CLAUDIA P MRS	
STREET ADDRESS	12034 SW 125TH STREET	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MUNOZ, MARIA C MRS	
STREET ADDRESS	12034 SW 125TH STREET	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	Jorge A. Ortiz	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Jorge A. Ortiz V. President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	12034 SW 125 ST	
CITY-ST-ZIP	Miami FL 33186	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Denny Pelaez	
STREET ADDRESS	19210 SW 118 St.	
CITY-ST-ZIP	Miami FL 33177	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alejandro Correa	
STREET ADDRESS	12034 SW 125 ST	
CITY-ST-ZIP	Miami FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Marta L Ortiz Marta L. Ortiz / President

Date

2/14/04

Daytime Phone #

786-942-6006