FILED
Mar 05, 2005 08:0
Secretary of Sta

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000041695

1. Entity Name
GERO INVESTMENTS, INC.

Principal Place of Business
717 PONCE DE LEON BLVD #209
CORAL GABLES, FL 33134

Mailing Address
717 PONCE DE LEON BLVD #209
CORAL GABLES, FL 33134

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

01042005 Chg-P CR2E034 (10/03)

4. FEI Number
90-0141369

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

6. Name and Address of Current Registered Agent

VAZQUEZ, MILAGROS E ESQ
717 PONCE DE LEON BLVD #209
CORAL GABLES, FL 33134

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, a 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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	RUBIO, GERARDO R	
STREET ADDRESS	SERRANO 139	
CITY-ST-ZIP	28006, MADRID SPAIN,	
TITLE	D	☐ Delete
NAME	MESEGUER, ROCIO V	
STREET ADDRESS	SERRANO 139	
CITY-ST-ZIP	28006, MADRID SPAIN,	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE		☐ Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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 inf 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 c 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 I changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 2/8/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #