


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90032 017 ***150.00

DOCUMENT # P03000060998 1. Entity Name GERI S. LISS P.A.			
Principal Place of Business 9610 WEATHERVANE MANOR PLANTATION FL 33324		Mailing Address 9610 WEATHERVANE MANOR PLANTATION FL 33324	
2. Principal Place of Business 9610 Weatherlane Mnr Suite, Apt. #, etc.		3. Mailing Address 9610 Weatherlane Mnr Suite, Apt. #, etc.	
City & State Plantation FL Zip 33324 Country U.S.A		City & State Plantation FL Zip 33324 Country USA	
4. FEI Number 13-4253843		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LISS, JONATHAN ESQ. 1909 TYLER ST. 7TH FLOOR HOLLYWOOD FL 33020		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, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD LISS, GERI 9610 WEATHERVANE MANOR PLANTATION FL 33324	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 2/14/05 (95) 84524258 <small>Daytime Phone #</small>	