

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000076721

1. Entity Name
GERINI'S ENTERPRISE, INC.



**FILED
May 01, 2006 8:00 am
Secretary of State**

05-01-2006 90467 021 ***150.00

BUU34300



04282006 Chg-P CR2E034 (11/05)

4. FEI Number 20-0088890	Applied For
	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GERINI, ADOLFO R
1401 CAREY GLEN
ORLANDO, FL 32824

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D GERINI, ADOLFO R 1401 CAREY GLEN ORLANDO, FL 32824	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
		<input type="checkbox"/> Delete				
		<input type="checkbox"/> Delete				
		<input type="checkbox"/> Delete				
		<input type="checkbox"/> Delete				
		<input type="checkbox"/> Delete				
		<input type="checkbox"/> Delete				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #