## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000089662

Entity Name: GEKADIJE CLINIMO INC.

FILED Apr 27, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12945 NEVADA STREET CORAL GABLES, FL 33156

Current Mailing Address: New Mailing Address:

12945 NEVADA STREET CORAL GABLES, FL 33156

FEI Number: 43-2032290 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ATRIUM REGISTERED AGENTS, INC.

1500 SAN REMO AVENUE SUITE 125

CORAL GABLES, FL 33146 US

DADESKY, CLIVE L MR
P.O.BOX 526751

MIAMI, FL 33152 US

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.

SIGNATURE: CLIVE D'ADESKY 04/27/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: PRES (X) Change ( ) Addition Name: D'ADESKY LEMKE, GENEVIEVE Name: D'ADESKY, CLIVE L MR

 Address:
 12945 NEVADA STREET
 Address:
 8190 SW 175 ST

 City-St-Zip:
 CORAL GABLES, FL 33156
 City-St-Zip:
 MIAMI, FL 33157

Title: DV ( ) Delete Title: VP (X) Change ( ) Addition Name: D'ADESKY, CLIVE Name: D'ADESKY, DIGGAN D MR

Address: 12945 NEVADA STREET Address: 12945 NEVADA STREET
City-St-Zip: CORAL GABLES, FL 33156 City-St-Zip: CORAL GABLES, FL 33156

Title: DT () Delete Title: SEC (X) Change () Addition

 Name:
 D'ADESKY, DIGGAN
 Name:
 GARCIA, MONIKA G MRS

 Address:
 12945 NEVADA STREET
 Address:
 12945 NEVADA ST

 City-St-Zip:
 CORAL GABLES, FL 33156
 City-St-Zip:
 CORAL GABLES, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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

SIGNATURE: CLIVE D'ADESKY PRES 04/27/2005

above, or on an attachment with an address, with all other like empowered.