2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 06, 2005 8:00 am Secretary of State

DOCUMENT # P03000140170 1. Entity Name GEROLI, INC.						5 90002 050) ***1	50.00	
Principal Place of Business Mailing Address 7500 40TH AVE W 404 BRADENTON, FL 34209 US Mailing Address 7500 40TH AVE W 404 BRADENTON, FL 34209 US									
Principal Place of Business			,						
Suite, Apt. #, etc. Suite, Apt. #, etc.				06012005		CR2E034 (TITERED ST. FEERS	
City & State	City & State	City & State		4. FEI Numb	er	Applied For			
Zip Country	Zip	Zip Country						Not Applicable 5 Additional	
6. Name and Address of	Current Registered Agent	L			Address of New F	Fee	Require	ed .	
LONGORIA, DIANA			Name						
7076 BRENTFORD RD SARASOTA, FL 34241			Street Address (P.O. Box Number is Not Acceptable)						
			City	·			Zip Cod	le '	
The above named entity submits this state the obligations of registered agent.	ement for the purpose of changing its	registere	ed office or register	ed agent, or bo	th, in the State of Flo				
SIGNATURE Signature, typed or primed name of regust	979d agent and title if applicable. (NCTT	F: Recustorer	1 Agent signeture required						
			·	when reinstating)		DATE			
FILE NOW!!! FEE IS \$150 Due by September 7, 20				00 May Be ad to Fees	in accordance v corporation did	vith s. 607.193 not receive th	3(2)(b), e prior i	F.S., the notice.	
	RS AND DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIR	ECTOR	S IN 11	
TIME P NAME GEROLI, JORGE D SR	☐ Delete	TITLE NAME					Change	Addition	
STREET ADDRESS 7500 40TH AVE W CITY-ST-ZIP BRADENTON, FL 34209		STREE	ET ADDRESS ST-ZIP						
TITLE VP	Delete	TITLE					Change	☐ Addition	
NAME CANNATELLA, SILVIA M STREET ADDRESS 7500 40TH AVE W	7500 40TU AVE 144					_			
CITY-ST-ZIP BRADENTON, FL 34209			T ADORESS ST-ZIP					1	
TITLE T HAME GEROLI, JORGE E SR	☐ Delete	TITLE					Change	Addition	
STREET ADDRESS 7500 40TH AVE W		NAME STREE	T ADORESS					ĺ	
CITY-ST-ZIP BRADENTON, FL 34209		CITY	ST-ZIP						
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STREET ADDRESS		NAME	ADDRESS						
CUTY ST ZEP		EXITY S	1					ĺ	
TITLE NAME	☐ Delcte	TIFLE		184 11			hange	Addition	
STREET ADDRESS .		NAME STREET	ADDRESS			_			
CITY ST ZIP		CITY S	T ZIP					ŀ	
 I hereby certify that the information supplied indicated on this report or supplemental rof the corporation or the receiver or truste changed, or on an attachment with an analysis. 	ed with this filing does not quality for eport is true and accurate and that me e afformers to execute this report a mail other like empowered.	the exem ly signature as require	ption stated in Sect re shall have the sa d by Chapter 607,	tion 119.07(3)(i) rme legal effect Florida Statutes	, Florida Statutes. I as if made under or ; and that my name	further certify the ath; that I am an appears in Bloc	at the inf officer o	formation or director Block 11 if	
SIGNATURE:	C) ED/OR PRINTED NAME OF SIGNING OFFICER O	R DIRECTO	A		Date	Daytime F	hone #		