

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000027036

1. Entity Name  
GEOVANY TRIM INC



Principal Place of Business  
1716 EAST KIRBY ST  
TAMPA, FL 33604

Mailing Address  
1716 EAST KIRBY ST  
TAMPA, FL 33604

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
APT# B

Suite, Apt. #, etc.  
B

City & State

Tampa FL 33604

City & State

Tampa FL

Zip

EC

Country

11115boroug

Zip

33604

Country

4415boroug

6. Name and Address of Current Registered Agent

CARRERAS, SANTIAGO M JR  
2722A TAMPA BAY BLVD.  
TAMPA, FL FL

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.

600059793926

09/20/05-01058-019 \*\*150.00

DATE

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when restating)

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GEANJAGUE GONZALEZ, GEOVANY 1716 EAST KIRBY ST TAMPA, FL 33604	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jeanjague Geovany 1637 E mulbery Dr Tampa FL 33607
--	---	---------------------------------	--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---------------------------------	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---------------------------------	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---------------------------------	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---------------------------------	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---------------------------------	--	---

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**

05 SEP 15 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**50066807**



I will like to Have my \$400.00 Fee  
wave Please Do to the reason that  
I never got the report Form on the  
mail

thanks

Geovany JeanJague

Geovany trim INC.

