2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State
05-04-2005 90162 030 ***150.00

DOCUMENT # P04000106329

1. Entity Name
GELT COMPANY

Principal Place of Business	Mailing Address
1398 NE 191ST APT 207 N MIAMI BEACH, FL 33179	1398 NE 191ST APT 207 N MIAMI BEACH, FL 33179

04282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1201 NE 191st Street		1201 NE 191st Street	
Suite, Apt. #, etc. #404		Suite, Apt. #, etc. #404	
City & State: North Miami Beach, FL		City & State: N. Miami Beach, FL	
Zip: 33179	Country: USA	Zip: 33179	Country: USA

4. FEI Number 20-1456315 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEBEDEV, MICHAEL
1398 NE 191ST APT 207
N MIAMI BEACH, FL 33179

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 [signature] (Michael Lebedev) 04/28/05
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P LEBEDEV, MICHAEL 1398 NE 191ST APT 207 N MIAMI BEACH, FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Lebedev, Michael 1201 NE 191st Street, #404 N. Miami Beach, FL 33179	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ZINOVJEVS, IGORS 1398 NE 191ST APT 207 N MIAMI BEACH, FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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] (Michael Lebedev) 04/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #