

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90375 034 ***150.00

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DOCUMENT # P95000086380 1. Entity Name GEIGER INTERNATIONAL, INC.					
Principal Place of Business 1221 PARKWAY CT WEST PALM BEACH, FL 33413			Mailing Address 4447 BENHURST AVE SAN DIEGO, FL 92122		
2. Principal Place of Business 1016 OLIVE TREE CIR Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State W PALM BEACH, FL Zip 33413 Country USA		City & State Zip Country		4. FEI Number 65-0627686	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GEIGER, SHOSHANA T 1221 PARKWAY CT WEST PALM BEACH, FL 33413			7. Name and Address of New Registered Agent Name GEIGER, SHOSHANA T. Street Address (P.O. Box Number is Not Acceptable) 1016 OLIVE TREE CIRCLE City W PALM BEACH FL Zip Code 33413		
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 SHOSHANA T. GEIGER DATE 4/11/04 <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DPTS GEIGER, JONATHAN G 4447 BENHURST AVE SAN DIEGO, CA 92122 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: JONATHAN G. GEIGER DATE 4/11/04 888-603-1699 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					