


FROM :

FAX NO. : 3055699118

May. 02 2005 11:03AM P1

**FILED**  
**May 04, 2005 08:00 AM**  
**Secretary of State**

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|                                          |                                                                                   |
|------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P95000086670</b>           |  |
| 1. Entity Name<br><b>GE REALTY, INC.</b> |                                                                                   |

|                                                                                     |                                                                         |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Principal Place of Business<br><b>6155 PINETREE DR<br/>MIAMI BEACH, FL 33140 US</b> | Mailing Address<br><b>6155 PINETREE DR<br/>MIAMI BEACH, FL 33140 US</b> |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|



05012005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|                                                                                                 |                               |
|-------------------------------------------------------------------------------------------------|-------------------------------|
| 4. FEI Number<br><b>65-0619383</b>                                                              | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |                               |

|                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>KINGCADE, TIMOTHY S<br/>1370 CORAL WY<br/>MIAMI, FL 33145</b> |
|-------------------------------------------------------------------------------------------------------------------------|

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and, where applicable, NOT Registered Agent signature required when re-registered.

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

|                                                                                  |                                    |
|----------------------------------------------------------------------------------|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|----------------------------------------------------------------------------------|------------------------------------|

| 10. OFFICERS AND DIRECTORS                       |                                                                                 |
|--------------------------------------------------|---------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <b>DP<br/>GARCIA, ELDA<br/>6155 PINETREE DR<br/>MIAMI BEACH, FL 33140</b>       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <b>DVP<br/>GARCIA, ARISTIDES<br/>6155 PINETREE DR<br/>MIAMI BEACH, FL 33140</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                 |

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05/05/05-80091-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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 empowerments.

SIGNATURE: Elda Garcia Date: 4/30/05 305-801-1008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR