

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90248 004 ***150.00

DOCUMENT # P96000026798

1. Entity Name
G.P. MERIDIA, INC.



Principal Place of Business
1645 S.W. 3RD COURT
SUITE 200
DEERFIELD BEACH, FL 33441

Mailing Address
1645 S.W. 3RD COURT
SUITE 200
DEERFIELD BEACH, FL 33441

14009247



2. Principal Place of Business
1645 S.E. 3rd Court
Suite, Apt. #, etc.

3. Mailing Address
1645 S.E. 3rd Court
Suite, Apt. #, etc.

02022005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0656390

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GEISERMAN, ROBERT M
1645 S.E. 3RD COURT
SUITE 200
DEERFIELD BEACH, FL 33441

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, 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

TITLE PSDV
NAME GEISERMAN, ROBERT M
STREET ADDRESS 1645 S.E. 3RD COURT, STE. 200
CITY-ST-ZIP DEERFIELD BEACH, FL 33441 ☐ Delete

TITLE VS
NAME GEISERMAN, MARC J
STREET ADDRESS 1645 S.E. 3RD COURT, STE. 200
CITY-ST-ZIP DEERFIELD BEACH, FL 33441 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

Robert Geiserman 4-22-05 954-420-1001

Date

Daytime Phone #