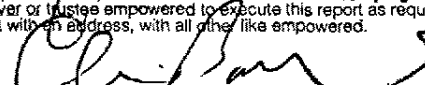


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000028098 1. Entity Name G.E.T.S. HOLDING CORP.		
Principal Place of Business 2100 N OCEAN BLVD 1001 FORT LAUDERDALE, FL 33305 US	Mailing Address 2100 N OCEAN BLVD 1001 FORT LAUDERDALE, FL 33305 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BARTOV, ELI 2100 N OCEAN BLVD 1001 FORT LAUDERDALE, FL 33305		
DO NOT WRITE IN THIS SPACE		
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)		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP BARTOV, ELI 2100 N OCEAN BLVD #1001 FORT LAUDERDALE, FL 33305	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BARTOV, SHARON 2100 N OCEAN BLVD #1001 FORT LAUDERDALE, FL 33305	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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:  ELI BARTOV 5/11/04 954-583-7755 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone n		



05062004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0733353** Applied For
Not Applicable

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

1100000159765
05/11/04-80001-017 150.00

**DO NOT WRITE
IN THIS SPACE**