

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90112 049 \*\*\*150.00

**DOCUMENT # P96000030512**

1. Entity Name  
G.E.A. INTERNATIONAL, INC.



Principal Place of Business  
15011 SW 136TH PLACE  
MIAMI, FL 33186

Mailing Address  
15011 SW 136TH PLACE  
MIAMI, FL 33186

**DO NOT WRITE IN THIS SPACE**



04292008 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0656437

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FESTA, GUISEPPE  
15011 SW 136TH PLACE  
MIAMI, FL 33186

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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)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	FESTA, GIUSEPPE
STREET ADDRESS	15011 SW 136TH PLACE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	SD
NAME	FESTA, MARIA
STREET ADDRESS	15011 SW 136TH PLACE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	D
NAME	FESTA, DOMINGO
STREET ADDRESS	15011 SW 136TH PLACE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	D
NAME	FESTA, DANIEL
STREET ADDRESS	15011 SW 136TH PLACE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #