

PAY NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90278 001 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1998**



FLORIDA DEPARTMENT OF ST.  
**Sandra B. Bartholomew**  
Secretary of State  
DIVISION OF CORPORATION

**DOCUMENT # P96000039511 (6)**  
1. Corporation Name  
**GEADA PRIVATE SECURITY INC.**

Principal Place of Business

**4711 NW 78TH AVE  
STE #4-D  
MIAMI FL 33166  
US**

Mailing Address

**4711 NW 78TH AVE  
STE #4-D  
MIAMI FL 33166  
US**

THIS SPACE

2. Principal Place of Business

**21 Suite, Apt. #, etc.**

**22 City & State**

**23 Zip**

**25 Country**

2a. Mailing Address

**26 Suite, Apt. #, etc.**

**27 City & State**

**28 Zip**

**30 Country**

5. Certificate of Status desired ☐ **\$8.75**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00**

8. This corporation owns or has paid the current year Personal Property Tax due June 30 ☐ **Yes**

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**GEADA, ROSENDO  
4711 NW 78TH AVE 9500 NW 77TH AVE  
STE #4-D D-27  
MIAMI FL 33166 Hialeah Gardens, FL 33016**

**81 Name**

**82 Street Address (P.O. Box Number is not Acceptable)**

**84 City**

**FL 33016**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
<input type="checkbox"/> DELETE	<b>P</b>	<b>GEADA, ROSENDO</b>	<b>4711 NW 78TH AVE, #4-D 9500 NW 77TH AVE</b>
<input type="checkbox"/> DELETE		<b>MIAMI FL 33166</b>	<b>Hialeah Gardens, FL 33016</b>
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<input type="checkbox"/> DELETE			
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13. ADDITIONS/CHANGES

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
<input type="checkbox"/> DELETE			
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes; and the information is true and accurate and that my signature shall have the same legal effect as if made under oath.