

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000036001

1. Entity Name
GE 25 INVESTMENTS CORP.



FILED

07 SEP 17 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
13881 SW 84 COURT
MIAMI, FL 33158

Mailing Address
13881 SW 84 COURT
MIAMI, FL 33158

2. Principal Place of Business - No P.O. Box #
11420 N Kendall Dr
Suite, Apt. #, etc.
207

3. Mailing Address
11420 N Kendall Dr
Suite, Apt. #, etc.
207

City & State
Miami, FL

City & State
Miami, FL

Zip
33176

Country
USA

Zip
33176

Country
USA

09102007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0828105

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ERICE, LOUIS E
13881 SW 84 COURT
MIAMI, FL 33158

7. Name and Address of New Registered Agent
Name
Eric, Louis E.
Street Address (P.O. Box Number is Not Acceptable)
11420 N Kendall Dr, #207
City
Miami FL Zip Code
33176

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ERICE, LOUIS E 13881 SW 84 COURT MIAMI, FL 33158 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Eric, Louis E. 11420 N Kendall Dr, #207 Miami, FL 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOLIK, MARTA S 13881 SW 84 COURT MIAMI, FL 33158 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100109871871 09/25/07--01010--010 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ERICE, CHARLOTTE A 13881 SW 84 COURT MIAMI, FL 33158 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Louis E. Erice 9/10/07 305-595-6360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #