2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000054367

1. Entity Name

GE 1320 INVESTMENTS CORP.



Apr 05, 2004-08:00 AM Secretary of State

Principal Place of Business

13881 SW 84 COURT MIAMI, FL 33158 Mailing Address

13881 SW 84 COURT MIAMI, FL 33158



DO NOT WRITE IN THIS SPACE

03042004 No Chg-P CR2E034 (10/03)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLIK, VLADIMIR F 13881 SW 84 COURT MIAMI, FL 33158

DO NOT WRITE IN THIS SPACE

MIAMI, FL	33158			IN '	THIS SPACE	
	named entity submits this statement for the pi ions of registered agent.	urpose of changing its registered	office or r	egistered agent, or b	oth, in the State of Florida. I am familia	with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable (NOTE Registered Ag	ent signatur	required when reinstaling)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financia Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLIK, VLADIMIR F 13881 SW 84 COURT MIAMI, FL 33158 TD ERICE, LOUIS E 13881 SW 84 COURT MIAMI, FL 33158				U00000102959 04/05/04-80037-011 1	50.00
TITLE MAME SCEROOG TEACHTE PIX-12-YED				DO	NOT WRITE	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS					-	

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:

CITY-ST-ZIP

HTLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/ Oc/ 365-595-2849
Date Daytime Prices #