

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000100138

Entity Name: GERANIUM PRIMA, INC.

FILED  
Apr 28, 2004  
Secretary of State

**Current Principal Place of Business:**

201 CRANDON BLVD.  
SUITE 1020  
MIAMI, FL 331491524

**New Principal Place of Business:**

**Current Mailing Address:**

201 CRANDON BLVD.  
SUITE 1020  
MIAMI, FL 331491524

**New Mailing Address:**

FEI Number: 65-0896824      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RIVA, ADOLFO G  
201 CRANDON BOULEVARD  
SUITE 1020  
KEY BISCAWAYNE, FL 331491524 US

**Name and Address of New Registered Agent:**

CONSULTING SERVICES OF SOUTH FLORIDA  
2588 SW 27 AVE  
MIAMI, FL 33133

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.

SIGNATURE: ANTONIO GARCIA      04/28/2004  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: RIVA, ADOLFO G  
Address: 201 CRANDON BLVD.  
City-St-Zip: KEY BISCAWAYNE, FL 331491524

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADOLFO G. RIVA      PSTD      04/28/2004  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date