2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000100138

Entity Name: GERANIUM PRIMA, INC.

FILED Apr 20, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

201 CRANDON BLVD. 2121 PONCE DE LEON BLVD SUITE 1020 1050

MIAMI, FL 331491524 CORAL GABLES, FL 33134

Current Mailing Address: New Mailing Address:

 201 CRANDON BLVD.
 2121 PONCE DE LEON BLVD

 SUITE 1020
 1050

 MIAMI, FL 331491524
 CORAL GABLES, FL 33134

AWI, 12 331431324 CORAL GABLES, 12 33134

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

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

CONSULTING SERVICES OF SOUTH FLORIDA CONSULTING SERVICES OF SOUTH FLORIDA 2588 SW 27 AVE CONSULTING SERVICES OF SOUTH FLORIDA 2121 PONCE DE LEON BLVD

2588 SW 27 AVE 2121 PONCE DE LEON BLVD 1050 CORAL GABLES, FL 33134 US

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 04/20/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

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

Title: PSTD () Delete Title: PSTD (X) Change () Addition

Name: RIVA, ADOLFO G Name: RIVA, ADOLFO G

Address: 201 CRANDON BLVD. Address: 2121 PONCE DE LEON BLVD. #1050

City-St-Zip: KEY BISCAYNE, FL 331491524 City-St-Zip: CORAL GABLES, FL 33134

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 04/20/2005