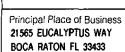
## **FILED** Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90079 033 \*\*\*150.00

V38759 **DOCUMENT #** 

1. Entity Name GERTERE, INC.



Mailing Address

21565 EUCALYPTUS WAY **BOCA RATON FL 33433** 

US		US	US						
2. Principal Place of Business		3. Mailing Address					A)  818   618   Q:Q!	BIBLE BIBLI IDDI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State		City & State			<b>4.</b> F	<sup>El Number</sup> <b>65-0333072</b>	<del></del>	Applied For Not Applicable	
Zip	Country Zip		Country		5. 0	Certificate of Status Desired	\$8.75 Ac	dditional red	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
WHILING OFFICEN				Name					
KULLING, GERSON				Street Address (P.O. Box Number is Not Acceptable)					
21565 EUCALYPTUS WAY BOCA RATON FL 33433									
BOOK INTO IT E 30400				City Zip Code					
				City			Zip Cod		
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.									
CICNIATH IDE									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
FILE NOW!!! FEE IS \$150.00						9. Election Campaign Financing	¢E (	<b>00</b> May Be	
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State						Trust Fund Contribution.		ed to Fees	
10. OFFICERS AND DIRECTORS 11.					AD:	DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 11	
TITLE	D	□ Delete	TITLE	* <u>-</u>		DITIONO/OFFINIALES TO OFFICERS A	Change		
NAME	KULLING, GERSON		NAME			_ , _			
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP				ST-ZIP		<del></del>			
TITLE	_ 33333		TITLE				☐ Change	Addition	
NAME STREET ADDRESS			NAME STREE	T ADDRESS					
CITY-ST-ZIP				ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME	-		NAME						
STREET ADDRESS				T ADDRESS ST-ZIP					
CITY-ST-ZIP				21-7IL			Change	Addition	
TITLE NAME		☐ Delete	TITLE				☐ Change	[_] Addition	
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NAME			NAME						
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP					
TITLE		☐ Delete		71-611			Change	Addition	
NAME		∟ Delete	TITLE NAME	1			∟ ∪ change	☐ Addition	
STREET ADDRESS				T ADDRESS		•			
CITY-ST-ZIP			CITY-	ST-ZIP					

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:

Daytime Phone #