

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # H72371	
1. Entity Name GENI GARCIA SALES CORP.	

Principal Place of Business 200 NORTH MIAMI AVENUE MIAMI FL 33128	Mailing Address 200 NORTH MIAMI AVENUE MIAMI FL 33128
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2563893	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
JIMENEZ, EDUARDO 200 N MIAMI AVE MIAMI FL 33128	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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's signature required when submitting g)

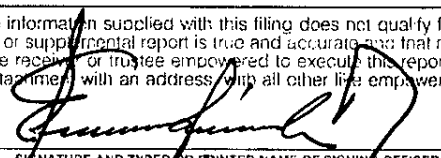
FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution ☐	

10. OFFICERS AND DIRECTORS	
TITLE	NAME
P	JIMENEZ, EDUARDO
STREET ADDRESS	200 N MIAMI AVE
CITY-ST-ZIP	MIAMI FL
☐ Delete	
TITLE	NAME
VP	JIMENEZ, ENITH
STREET ADDRESS	9201 SW 105TH ST
CITY-ST-ZIP	MIAMI FL 33176
☐ Delete	
TITLE	NAME
S	HERNANDEZ, ADRIANA
STREET ADDRESS	8920 SW 102 ND CT
CITY-ST-ZIP	MIAMI FL 33176
☐ Delete	
TITLE	NAME
T	JIMENEZ, EDUARDO JR
STREET ADDRESS	9201 SW 105TH ST
CITY-ST-ZIP	MIAMI FL 33176
☐ Delete	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
☐ Delete	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
☐ Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
☐ Change ☐ Addition	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
☐ Change ☐ Addition	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
☐ Change ☐ Addition	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 life empowered.

SIGNATURE:  **EDUARDO JIMENEZ** 1/24/08 (305) 345-2272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR