

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90271 015 \*\*\*150.00

**DOCUMENT # P00000023780**

1. Entity Name

THE GENESIS GROUP INTERNATIONAL, INC.



Principal Place of Business

2853 N.W. 27TH AVE.  
BOCA RATON FL 33434

Mailing Address

2853 N.W. 27TH AVE.  
BOCA RATON FL 33434

34043464



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0992401

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FUHR, ALLAN  
2853 N.W. 27TH AVE.  
BOCA RATON FL 33434

Name

Fuhr, Allan  
Street Address (P.O. Box Number is Not Acceptable)

6711 Royal Orchid Circle

City

Delray Beach

FL

Zip Code

33446

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

*Bernard Bontnick* Controller

4/26/04

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**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> Delete
NAME	FUHR, ALLAN	
STREET ADDRESS	9960 CENTRAL PARK BLVD SO STE 301	
CITY-ST-ZIP	DELRAY BEACH FL 33448	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FUHR, LINDA ELLEN	
STREET ADDRESS	9960 CENTRAL PARK BLVD SO STE 301	
CITY-ST-ZIP	DELRAY BEACH FL 33448	
TITLE	C	<input type="checkbox"/> Delete
NAME	BONTRICK, BERNARD	
STREET ADDRESS	9960 CENTRAL PARK BLVD SO STE 301	
CITY-ST-ZIP	DELRAY BEACH FL 33448	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Bernard Bontnick* Controller

Date

Daytime Phone #

4/26/04

361-852-9966