


Mar. 23. 2004 11:17PM

No. 7403 P. 1/5

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000124734	
1. Entity Name GENESIS GLOBAL INC.	

Principal Place of Business P.O. BOX 802203 AVENTURA, FL 33280	Mailing Address P.O. BOX 802203 AVENTURA, FL 33280
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03232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FE Number 42-1560103	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ZYLBERGLAIT, ALEJANDRO P.O. BOX 802203 AVENTURA, FL 33280	
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DO NOT WRITE IN THIS SPACE

8. This 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 _____
Signature must be printed name of registered agent and title if applicable (NO!) Registered Agent signature required when remaining. DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZYLBERGLAIT, ALEJANDRO 18101 MYSTIC POINTE DR STE 703 P.O. BOX 802 AVENTURA, FL 33280
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03/29/04-80018-004-150.00

DO NOT WRITE IN THIS SPACE

12. The entity certifies that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information included 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  _____ **3/23/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #