## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000013992

Entity Name: GENERANDO, CORPORATION

OURTHE-CABALE, JUAN C

ORLANDO, FL 32839

2200 METROPOLITAN WAY APT 917

Name:

Address: City-St-Zip: FILED Apr 14, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2200 METROPOLITAN WAY **APT 917** ORLANDO, FL 32839 **New Mailing Address: Current Mailing Address:** 2200 METROPOLITAN WAY **APT 917** ORLANDO, FL 32839 FEI Number: 20-0423693 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: AGUIRREZABALA, CRISTINA 2200 METROPOLITAN WAY **APT 917** ORLANDO, FL 32839 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition FONTANA, PAOLA Name: Name: 2200 METROPOLITAN WAY APT 917 Address: Address: City-St-Zip: ORLANDO, FL 32839 City-St-Zip: Title: Title: () Delete () Change () Addition AGUIRREZABALA, CRISTINA Name: Name: 2200 MTROPOLITAN WAY APT 917 Address: Address: ORLANDO, FL 32839 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

Name:

Address:

City-St-Zip:

SIGNATURE: CRISTINA AGUIRREZABALA D 04/14/2007