


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 08:00 AM
Secretary of State


DOCUMENT # P05000151447

1. Entity Name
GENESIS BEAUTY STORE AND GIFT SHOP CORPORATION



Principal Place of Business 1132 W. FLAGLER ST. MIAMI, FL 33130	Mailing Address 1132 W. FLAGLER ST. MIAMI, FL 33130
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DO NOT WRITE IN THIS SPACE



03082008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3795562	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ORELLANA, FLORINDA
 340 SW 10 AVE., APT. 1
 MIAMI, FL 33130

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000858344
 04/01/08-80041-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORELLANA, FLORINDA 340 SW 10 AVE., APT. 1 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RADILLO ORELLANA, ELENA PATRICIA 340 SW 10 AVE., APT. 1 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RADILLO ORELLANA, CARLOS A. 340 SW 10 AVE., APT. 1 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASTELLANOS, CHRISTIAN 340 SW 10 AVE APT. 1 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Florinda Orellana* - **Florinda Orellana - 03/12/08 (305) 324 0217**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #