


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P06000083110**  
 1. Entity Name  
**GENERIS IMPORT COMPANY INC.**



Principal Place of Business      Mailing Address  
**4000 PONCE DE LEON BOULEVARD**      **4000 PONCE DE LEON BOULEVARD**  
**CORAL GABLES, FL 33146**                      **CORAL GABLES, FL 33146**

**DO NOT WRITE IN THIS SPACE**



01252008      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**20-5071827**                      Not Applicable

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**FERRARO, JAMES**  
**4000 PONCE DE LEON BOULEVARD**  
**CORAL GABLES, FL 33146**

**DO NOT WRITE IN THIS SPACE**

**B.** 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

U00000938197  
 05/27/08-80080-019 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	P,D
NAME	FERRARO, JAMES JR
STREET ADDRESS	4000 PONCE DE LEON BOULEVARD, SUITE 700
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	VP,D
NAME	LANIADO, MAURICIO
STREET ADDRESS	4000 PONCE DE LEON BOULEVARD, SUITE 700
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	SE,D
NAME	SAADE, GABRIEL
STREET ADDRESS	4000 PONCE DE LEON BOULEVARD, SUITE 700
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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:** \_\_\_\_\_ **James L. Ferraro**      **March 20, 2008**      **(305) 375-0111**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #