


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000102066
1. Entity Name
GENET FAMILY HOLDINGS, INC.



Principal Place of Business
**19080 N.E. 29 AVE.
AVENTURA, FL 33180**

Mailing Address
**19080 N.E. 29 AVE.
AVENTURA, FL 33180**



DO NOT WRITE IN THIS SPACE

02062004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0719427 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NELSON, BARRY A
2775 SUNNY ISLE STE 118
AVENTURA, FL 33180**

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

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


02/16/04-80060-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GENET, E.M.B.
STREET ADDRESS	19080 N.E. 29TH AVE.
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	D
NAME	GENET, S. MICHAEL
STREET ADDRESS	2945 FLAMINGO DRIVE
CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	D
NAME	GENET, SANDOR F.
STREET ADDRESS	99 NE 167 STREET
CITY-ST-ZIP	NORTH MIAMI, FL
TITLE	D
NAME	GENET, BEN J
STREET ADDRESS	3870 N. 40 AVE.
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	PSTD
NAME	GENET, DAVID
STREET ADDRESS	4001 N 41 STREET
CITY-ST-ZIP	HOLLYWOOD, FL
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 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:  **2/11/04 305-933-8700**

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

DAVID G. GENET, D.M.D.