


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 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**



03202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**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	2845 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	

1100000497981  
 04/22/06-90075-025 150.00

**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: *[Signature]* **4/3/06** **305-933-8700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #