


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90191 020 ***150.00

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**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

00000007



03032008 Chg-P CR2E034 (12/06)

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

**GENET, DAVID G
 19080 NE 29 AVE
 AVENTURA, FL 33180**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 reinstating)

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**

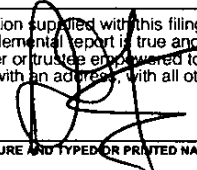
10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GENET, E.M.B.	
STREET ADDRESS	19080 N.E. 29TH AVE.	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GENET, S. MICHAEL	
STREET ADDRESS	2945 FLAMINGO DRIVE	
CITY-ST-ZIP	MIAMI BEACH, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GENET, SANDOR F.	
STREET ADDRESS	99 NE 167 STREET	
CITY-ST-ZIP	NORTH MIAMI, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GENET, BEN J	
STREET ADDRESS	3870 N. 40 AVE.	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	GENET, DAVID	
STREET ADDRESS	4001 N 41 STREET	
CITY-ST-ZIP	HOLLYWOOD, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information submitted 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:  **DAVID G. GENET** **4/15/08** **305-933-8700**

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