


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000015712


1. Entity Name  
 GENESIS BICYCLE INC.



Principal Place of Business  
 3521 N.W. 20TH ST  
 MIAMI, FL 33142

Mailing Address  
 3521 N.W. 20TH ST  
 MIAMI, FL 33142

**DO NOT WRITE IN THIS SPACE**



02102004 No Chg-P CR2E034 (10/03)

4. FEI Number  
 65-0813172

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

OTERO, FELIX R  
 3521 N.W. 20TH ST  
 MIAMI, FL 33142

**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 reinstating)

**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

000000105615  
 04/07/04-80033-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	OTERO, FELIX R
STREET ADDRESS	3521 N.W. 20TH ST
CITY - ST - ZIP	MIAMI, FL 33142
TITLE	D
NAME	OTERO, CELIA M
STREET ADDRESS	3521 N.W. 20TH ST
CITY - ST - ZIP	MIAMI, FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 exemption stated in Section 119.07(3)(f), 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: *X Felix Otero* **X** *X305633570*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #