

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000045018 1. Entry Name GENESIS TECHNOLOGY INT'L, INC.		
Principal Place of Business 1729 EAST COMMERCIAL BOULEVARD UNIT 304 FORT LAUDERDALE, FL 33334		Mailing Address 1729 EAST COMMERCIAL BOULEVARD UNIT 304 FORT LAUDERDALE, FL 33334
2. Principal Place of Business 2740 E. OAKLAND PK BLVD Suite, Apt. #, etc. 205 City & State FORT LAUDERDALE - FL Zip 33306 Country USA		3. Mailing Address 2740 E. OAKLAND PK BLVD Suite, Apt. #, etc. 205 City & State FORT LAUDERDALE - FL Zip 33306 Country USA
4. FEI Number 65-0921682		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA PA 343 ALMERIA AVENUE CORAL GABLES, FL 33134		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 4/30/03 <small>Signature should be printed name of registered agent and use if applicable. (NOTE: Registered Agent's signature required when so retaining.)</small>		
FEE NOW WILL BE \$15.00 After May 1, 2003 Fee will be \$50.00 Make Checks Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LUNSFORD, JAMES 1729 EAST COMMERCIAL BOULEVARD FORT LAUDERDALE, FL 33334	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LUNSFORD, JAMES 2740 E. OAKLAND PK BLVD # 205 FORT LAUD, FL 33306
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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 507, 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  DATE 4/30/03 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Daytime Phone #

GR2E034 (10/02)