## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE

## Apr 28, 2005 8:00 am Secretary of State DOCUMENT # P96000063987 1. Entity Name 04-28-2005 90162 033 \*\*\*150.00 GENESIS APS INC. Principal Place of Business Mailing Address 1161 MID VALLEY DR. 800 BRICKELL AVE 14003168 OLYPHANT, PA 18447 SUITE 707 MIAMI, FL 33131 2. Principal Place of Business Mailing Address Soo TSRICKELL SOO BRICKEL Suite, Apt. #, etc Suite, Apt. #, etc 04262005 110 Cha-P CR2E034 (10/03) City & State City & State Applied For 4. FEI Number 65-0685589 Not Applicable Country / \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OPPENHEIM, STEVEN Street Address (P.O. Box Number is Not Acceptable) WACHOVIA BANK BEDG 800 BRICKELL AVE: STE-707 ४०० BRICKFLL AVE MIAMI, FL 33131 City 8. The above named entity submits this state of Florida. I am familiar with, and accept the obligations of STEVEN SIGNATURE Signature, typed or printed name of registered liger, and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. DP TITLE ☐ Delete TITLE Change 🔲 Addition BRUCE, AIDAN NAME NAME SOO BRICKELL AVE, STE 110' STREET ADDRESS ELLERBECK WAY, STOKESLEY INDUSTRIAL PARK STREET ADDRESS CITY-ST-7IP STOKESLEY, N CITY-ST-ZIP ☐ Delete TITLE NAME OPPENHEIM, STEVEN P NAME 800 BRICHELL AVE, STE 1107 MARMI, FL 33131 STREET ADDRESS 800 BRICKELL AVE SUITE 1115 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-7IP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TTELE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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 leceiver or trustee empowered to execute this report as required by Chapter 607, Roolda 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.

FILED