

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90186 029 ***150.00

DOCUMENT # P05000151447

1. Entity Name
GENESIS BEAUTY STORE AND GIFT SHOP CORPORATION

Principal Place of Business: 1132 W. FLAGLER ST. MIAMI FL 33130
 Mailing Address: 1132 W. FLAGLER ST. MIAMI FL 33130

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



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1st MOORE CR2E034 (10/06)

4. FEI Number **20-3795562** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
CASTELLANOS, CHRISTIAN
340 SW 10 AVE., APT. 1
MIAMI FL 33130

7. Name and Address of New Registered Agent
 Name: **Florinda Orellana**
 Street Address (P.O. Box Number is Not Acceptable): **340 S.W 10 AVE apt 1**
 City: **Miami** Zip Code: **33130**
 State: **FL**

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: *Florinda Orellana* (NOTE: Registered Agent signature required when re-registering) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: ORELLANA, FLORINDA STREET ADDRESS: 340 SW 10 AVE., APT. 1 CITY-ST-ZIP: MIAMI FL 33130	<input type="checkbox"/> Delete	TITLE: Treasurer NAME: Christian, Castellanos STREET ADDRESS: 340 SW 10 AVE Apt. 1. CITY-ST-ZIP: MIAMI FL 33130	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: V NAME: RADILLO ORELLANA, ELENA PATRICIA STREET ADDRESS: 340 SW 10 AVE., APT. 1 CITY-ST-ZIP: MIAMI FL 33130	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST NAME: RADILLO ORELLANA, CARLOS A. STREET ADDRESS: 340 SW 10 AVE., APT. 1 CITY-ST-ZIP: MIAMI FL 33130	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Florinda Orellana* **Florinda Orellana** 03/26/07 (305) 324-0217
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #