## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 13, 2005 08:00 AM **DOCUMENT # 456677 Secretary of State** GEN REAL ESTATE AND MANAGEMENT CORP. Principal Place of Business Mailing Address PO BOX 410009 4760 N. US 1 STE 201- HONEYBROOK CTR. MELBOURNE, FL 32941 US MELBOURNE, FL 32935 US No Chg-P CR2E034 (10/03) 03222005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1541206 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent GENONI, JOHN DO NOT WRITE 758 GLENGARRY DR MELBOURNE, FL 32940 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. (NOTE Registered Agent signature required when reinstalling) DATE Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME GENONI, JOHN 758 GLENGARY DR STREET ADDRESS MELBOURNE, FL 32940 CITY-ST-ZIP TITLE NAME STREET ADDRESS U00000302159 04/13/05-80062-001 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 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:

NAME STREET ADDRESS CITY-SI-ZIP

RIVIZO NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phot

**FILED**