


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # 629279 1. Entity Name GEN STAR CASKET COMPANY	
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Principal Place of Business 14200 NORTHWEST 57 AVENUE HIALEAH, FL 33014	Mailing Address 14200 NORTHWEST 57 AVENUE HIALEAH, FL 33014
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DO NOT WRITE IN THIS SPACE



04142008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1922997	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

REVITZ, JANICE
 14200NW 57TH AVENUE
 HIALEAH, FL 33014

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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, 2008 Fee will be \$550.00

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

000000905237
 05/01/08-80045-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REVITZ, MARK 14200 NW 57 AVE HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAXWELL, R.G. 14200 NW 57 AVE HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REVITZ, JANICE 1424 NW LEJEUNE RD MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KLEIN, LES 14200 NW 57 AVE HIALEAH, FL
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 exemptions contained in Chapter 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: LES KLEIN 4/18/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #