2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F84726

Hit Nome: CENEDAL MANACEMENT OVETEMS INC

FILED Jan 19, 2009 Secretary of State

Entity Nai	Me: GENERA	AL MANAGEMENT SYSTEMS,	INC.	
Current Principal Place of Business:			New Principal Place of Business:	
1475 NORTH VIEW DRIVE MIAMI BEACH, FL 33140			1475 NORTH VIEW MIAMI BEACH, FL 3	
Current M	lailing Addres	ss:	New Mailing Addre	ess:
1475 NORTH VIEW DRIVE MIAMI BEACH, FL 33140			1475 NORTH VIEW DRIVE MIAMI BEACH, FL 33140 US	
FEI Number	: 59-2213356	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
1475 NOR	FRANCOISE TH VIEW DRI ACH, FL 3314	VE		
	named entity of Florida.	submits this statement for the	purpose of changing its registe	red office or registered agent, or both,
SIGNATUI	RE:			
	Electron	nic Signature of Registered Ag	ent	Date
Election Car	npaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	CDP (DI BELLA, JOS 1475 NORTH V MIAMI BEACH,	IEW DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	•		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	NORCROSS, A) Delete ILEXANDRA D DSV AVENUE, APT. 206 FL 33139	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D (DI BELLA, MEI 232 CAMBRID BOSTON, MA	GE ST., APT. 8	Address: 75 HANC	(X) Change()Addition A, MELISSA C D OCK ST, APT. 1 , MA 02139
Title:	D () Delete	Title:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: FRANCOISE C. DIBELLA DTV 01/19/2009

NORCROSS, CHARLES L D

City-St-Zip: MIAMI BEACH, FL 33139

227 MICHIGAN AVENUE, APT. 206

Name:

Address: