## **FILED** 07 08:00 AM ry of State

Applied For Not Applicable

ANNUAL	Apr 30, 2007 08:			
DOCUMENT # G70067  1. Entity Name GENESIS TOGADORE, INC.			Secretary of S	
Principal Place of Business 1567 MIDNIGHT PASSWAY CLEARWATER, FL 34625 US	Mailing Address 1567 MIDNIGHT PASSWAY CLEARWATER, FL 34625	US		
DO NOT WRITE	E IN THIS SPA	ACE	04182007 No Chg-P CR2E034 (11/05)  4. FEI Number Applied F 59-2335899 Not Appli  5. Certificate of Status Desired   \$8.75 Additional Fee Required	
6. Name and Address of Current FISCHER, RANDY L. 1567 MIDNIGHT PASSWAY CLEARWATER, FL 34625			DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for	or the purpose of changing its regis	ered office or register	red agent, or both, in the State of Florida. I am familiar with, and ac	

8.	. The above named entity submits this statement for the p	ourpose of changing its reg	gistered office or	registered agent,	or both,	in the State of Florida.	I am familiar with,	and accept
	the obligations of registered agent.	(4)						
		<u> </u>				1		
e.	IGNATURE TO THE TOTAL TO					- T-4-	<del>/ 0 / -</del>	

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

Sonature. In a printed name of registered agent and tille II applicable

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be

U00000741646

DATE

	ay 1, 2007 Fee Will be \$550.00			   A24124A1_088326_A14_12A*0A
10.	OFFICERS AND DIREC	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST FISCHER, RANDY L. 1567 MIDNIGHT PASS WAY CLEARWATER, FL 33766			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS 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 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 truetge 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: \_