2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 18, 2005 08:00 AM Secretary of State

| DOCUMENT # K28764 1. Entity Name GENESIS INTERNATIONAL MARKETING CORP. | | | | Secretary of State | |
|--|---|---|----------|--|--|
| • | ce of Business | Mailing Address 1221 NW 165TH STREET MIAMI, FL 33169 US | | | |
| E | | E IN THIS SPA | ACE | 01042005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For Status Desired □ \$8.75 Additional Fee Required | |
| 1221 NW | 6. Name and Address of Current Registered Agent NTERO, LUIS A 1 NW 165TH ST. MI, FL 33169 DO NOT WRITE IN THIS SPACE e 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 a obligations of registered agent. | | | | |
| 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees | | | | | |
| 10. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP | CEO QUINTERO, LUIS A 1221 NW 165TH ST. MIAMI, FL 33169 P QUINTERO, NORMA A | ND DIRECTORS | | 000000268473 03/18/05-80045-002 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MICHWI, I E 33 109 | | <u> </u> | 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 filling does not qualify for the exemption stated in Section 119.07(3)(f). 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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF STIGNING OFFICER OR DIRECTOR Date Daylard Prone # | | | | | |