2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #K70574

1. Entity Name GENESIS ENVIRONMENTAL SYSTEMS, INC.

FILED Apr 22, 2004 08:00 AM Secretary of State

Principal Place of Business

1101 S ROGERS CR. #16 BOCA RATON, FL 33487 US Mailing Address

1101 S ROGERS CR. #16 C/O JAMES I BROWN BOCA RATON, FL 33487

US



Applied For Not Applicable

DO	NOT	WRITE	IN	THIS	SPACE
	1101	773111	35 %	1 1 11	

04062004 No Chg-P CR2E034 (10/03)

65-0108046 Not Apple

5. Certificate of Status Desired S8.75 Additional Fee Required

4. FEI Number

6. Name and Address of Current Registered Agent

BROWN, JAMES J 1101 S. ROGERS CIR. #16 BOCA RATON, FL 33487

SIGNATURE

DO NOT WRITE IN THIS SPACE

3. 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 reinstaling) DATE									
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			(14/22/04-80016-016 150.00				
10.	OFFICERS AND DIREC	TORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, JAMES J. 1101 S. ROGERS CR #16 BOCA RATON, FL 33487								
TITLE NAME STREET ADDRESS CITY-ST-DP	·								
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE						
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN .	THIS SPACE				
TITLE NAME STREET ADDRESS CXTY-ST-ZIP									
TITLE NAME STREET ADDRESS CRY-ST-ZIP					78.				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental deport 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 empowerest to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with address, with a other like empowered.									

OBJETINTED HAME OF SIGNING OFFICER OF DIRECTOR