


**LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90422 006 ****50.00

DOCUMENT # LOS000091376

1. Entity Name
Genesis International Group, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8104 lantern light Rd.

3. Mailing Address
P.O. Box 13914

Suite, Apt. #, etc.

60050695

CR2E083B (8/05)

City & State
Tallahassee, Fl.

City & State
Tallahassee, Fl.

4. FEI Number
20-3885969

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

Zip
32312 Country
USA

Zip
32317 Country
USA

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Allen R. MOAYAD

Street Address (P.O. Box Number is Not Acceptable)
8104 lantern light Road

City
Tallahassee FL Zip Code
32312

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] DATE May 1, 07

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGRM ALLEN R. MOAYAD 8104 lantern light Rd. Tallahassee, Fl. 32312</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGRM PATRICIA M. MOAYAD 8104 lantern light Rd. Tallahassee, Fl. 32312</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGRM ASSA DOLLAH R. MOAYAD 4906 Highgrove Rd Tallahassee, Fl. 32309</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGRM FATMEH POURJAHAN 4906 Highgrove Rd Tallahassee, Fl. 32309</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] DATE May 1, 07 850-508-7946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #