

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90192 049 ****50.00

DOCUMENT # L06000069239 1. Entity Name GENESIS RESEARCH & WELLNESS CENTER, LLC.					
Principal Place of Business 15902 SW 66 TERRACE MIAMI, FL 33193			Mailing Address 15902 SW 66 TERRACE MIAMI, FL 33193		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
01252007 Chg-LLC CR2E083 (12/06)				4. FEI Number 65-1296257	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LAW OFFICE OF HERNAN HERNANDEZ, P.A. 4649 PONCE DE LEON BLVD. SUITE 305 CORAL GABLES, FL 33146			7. Name and Address of New Registered Agent Name JOE FERRERO Street Address (P.O. Box Number is Not Acceptable) 15902 SW 66 TERRACE City MIAMI FL Zip Code 33193		
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 (NOTE: Registered Agent signature required when reinstating) DATE 2/15/07					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERRERO, JOE 15902 SW 66 TERRACE MIAMI, FL 33193 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. 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 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: DATE 2/15/07 Daytime Phone #					