
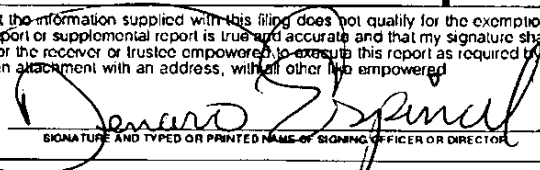


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

01-24-2007 90043 046 ***150.00

DOCUMENT # L79933					
1. Entity Name GENARO'S CORPORATION II					
Principal Place of Business 1000 36 ST WEST PALM BEACH FL 33407			Mailing Address 1000 36 ST WEST PALM BEACH FL 33407		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				4. FEI Number 65-0197532	
ESPINAL, GENARO 11751 S.W. FIRST STREET PLANTATION FL 33325				Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent				1st MOORE CR2E034 (10/06)	
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reissuing)</small> DA11					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
1011 NAME: ESPINAL, GENARO <input type="checkbox"/> Delete STREET ADDRESS: 11751 S.W. FIRST STREET CITY-ST-ZIP: PLANTATION FL 33325			1111 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: CITY-ST-ZIP:		
1012 NAME: <input type="checkbox"/> Delete STREET ADDRESS: CITY-ST-ZIP:			1112 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: CITY-ST-ZIP:		
1013 NAME: <input type="checkbox"/> Delete STREET ADDRESS: CITY-ST-ZIP:			1113 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: CITY-ST-ZIP:		
1014 NAME: <input type="checkbox"/> Delete STREET ADDRESS: CITY-ST-ZIP:			1114 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: CITY-ST-ZIP:		
1015 NAME: <input type="checkbox"/> Delete STREET ADDRESS: CITY-ST-ZIP:			1115 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: CITY-ST-ZIP:		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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 info empowered					
SIGNATURE: 			Date: 02-12-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		