2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 12, 2007 08:00-AM Secretary of State

S. Certificate of Status Desired Status Status Desired Status Desired Status Desired Status Statu	DOCUMENT # L97199 1. Entity Name GENERIC INTERNATIONAL CHEMICALS INC.			**************************************	Secretary of Sta	
DO NOT WRITE IN THIS SPACE A. FEI Number	2342 W. 79TH ST	19283 NW 86 AVE				
SARCIA, GUILLERMO 19283 MW 86 AVE MIAMI, FL 33015 1. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Roda. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature				06272007 No Chg-P CR2E034 (11/05) 4. FEI Number		
the obligations of registered agent. SIGNATURE Signature, kneed or printed reason of registered agent and vie it accritation NOTE, Registered sport depends are supplied when non-Mattein DATE	GARCIA, GUILLÉRMO 19283 NW 86 AVE					
Trust Fund Contribution. Trust Fund Contrib	SIGNATURE					
TITLE MANE STREET ADDRESS CITY-ST-ZP MIAMI, FL TITLE VP NOME PONCE, DEBORAH STREET ADDRESS CITY-ST-ZP MIAMI, FL TITLE MANE STREET ADDRESS CITY-ST-ZP MIAMI, FL TITLE MANE STREET ADDRESS CITY-ST-ZP TITLE TITLE MANE STREET ADDRESS CITY-ST-ZP TITLE TITLE TITLE TITLE TITL					In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP 12. 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 or supplemental report is true for 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 trusted employmental 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 find ther like empowered.	TITLE DPT NAME STRIET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CIORS			07/12/07-80002-006 150.00 NOT WRITE	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	filing does not qualify for the exem fig accurate and that my signature and execute this report as required	ptions contained e shall have the i by Chapter 607	d in Chapter 119 same legal effe 7, Florida Statut	9. Florida Statutes. I further certify that the lineromation of as if made under oath, that I am an office or director es, and that my name appears in Block 10 or Block 11 if	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #	SIGNATURE: ×		6-28-07			