2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90394 040 ***150.00

DOCUMENT # M61652

1. Entity Name
GENEL, INC.

14012761

Principal Place of Business	Mailing Address
~~8880 NW 20TH ST STE-N MIAMI,FL 33172~~ P.O.BOX 142161 CORAL GABLES, FL 33114-2161	~~8880 NW 20TH ST STE-N MIAMI,FL 33172~~ P.O.BOX 142161 CORAL GABLES, FL 33114-2161

03082005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
10845 NW 29 Street		~~P.O. Box~~ 142161	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami, Fl.		City & State: Coral Gables,Fl.	
Zip: 33172	Country: USA	Zip: 33114-2161	Country: US

4. FEI Number: 65-0011461 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TALAMAS, JAMES
6767 COLLINS AVE. NO 609
MIAMI BCH, FL 33141

7. Name and Address of New Registered Agent

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 ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TALAMAS, JAMES ~~8880 N.W. 20 ST., STE F~~ MIAMI, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Adress 10845 NW 29 Street Miami, Florida 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TALAMAS, JAMES ~~8880 N.W. 20 ST., STE F~~ MIAMI, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Address 10845 NW 29 Street Miami, Florida 33172
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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 like empowered.

SIGNATURE: [signature] 3/8/05 305-591-9990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #