2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90394 040 ***150.00

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03082005 Chg-P CR2E034 (10/03)

DOCUMENT # M61652

1. Entity Name
GENEL, INC.

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

2. Principal Place of Business	3. Mailing Address
10845 NW 29 Street Suite, Apt. #, etc.	P.O. Box 142161 Suite, Apt. #, etc.
Miami, Fl.	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	7. Name and Address of New Registered Agent
TALAMAS, JAMES 6767 COLLINS AVE. NO 609 MIAMI BCH, FL 33141	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	PD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	TALAMAS, JAMES	NAME	
STREET ADDRESS	~~8880 N.W. 20 ST., STE F~~	STREET ADDRESS	10845 NW 29 Street
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	Miami, Florida 33172
TITLE	ST ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	TALAMAS, JAMES	NAME	
STREET ADDRESS	~~8880 N.W. 20 ST., STE F~~	STREET ADDRESS	10845 NW 29 Street
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	Miami, Florida 33172
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 #