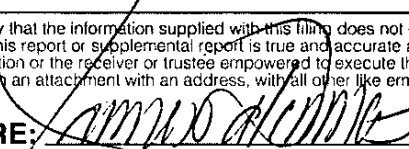


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90394 040 ***150.00

DOCUMENT # M61652 1. Entity Name GENEL, INC.					
Principal Place of Business 8880 NW 20TH ST STE N MIAMI, FL 33172 P.O. BOX 142161 CORAL GABLES, FL 33114-2161			Mailing Address 8880 NW 20TH ST STE N MIAMI, FL 33172 P.O. BOX 142161 CORAL GABLES, FL 33114-2161		
2. Principal Place of Business 10845 NW 29 Street Suite, Apt. #, etc.			3. Mailing Address P.O. Box 142161 Suite, Apt. #, etc.		
City & State Miami, Fl.		City & State Coral Gables, Fl.		4. FEI Number 65-0011461	
Zip 33172		Country USA		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 _____ (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: ☐ \$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		TITLE NAME STREET ADDRESS CITY - ST - ZIP	xx Change ☐ Addition Address 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		TITLE NAME STREET ADDRESS CITY - ST - ZIP	xx Change ☐ Addition Address 10845 NW 29 Street Miami, Florida 33172	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: 			3/8/05- 305-591-9990		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		