


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000000729

1. Entity Name
GENIA ENTERPRISES, INC.



Principal Place of Business Mailing Address

**9601 COLLINS AVENUE
 SUITE 1206
 BAY HARBOR ISLANDS, FL 33154**

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 SUITE 1206
 BAY HARBOR ISLANDS, FL 33154**

DO NOT WRITE IN THIS SPACE



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0974129	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PERLOW, JEFFREY M
 C/O FROMBERG, PERLOW & KORNIK, P.A.
 20801 BISCAYNE BLVD., SUITE 505
 AVENTURA, FL 33180**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BRUDER, GENIA 9601 COLLINS AVENUE SUITE 1206 BAY HARBOR ISLANDS, FL 33154
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 04/13/06-80056-011 150.00

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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 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 empowerment.

SIGNATURE: *Jeffrey M Perlow* 3/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #