2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000000729

1. Entity Name GENIA ENTERPRISES, INC.



Principal Place of Business

9601 COLLINS AVENUE

SUITE 1206 BAY HARBOR ISLANDS, FL 33154 Mailing Address

9601 COLLINS AVENUE

SUITE 1206

BAY HARBOR ISLANDS, FL 33154

FILED Mar 09, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01152007 No (

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0974129 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

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	f applicable (NOTE Registered	d Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			000000661565 03/20/07-80046-018 150.00
10.	OFFICERS AND DIREC	CTORS	•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRUDER, GENIA 9601 COLLINS AVENUE SUITE 1206 BAY HARBOR ISLANDS, FL 33154			,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE				NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-SI-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 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

IGNATURE AND THE DOOR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/6/07

Date

Daytime Phone #