

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90030 045 ***158.75

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1. Entity Name
GENRAL, INC.



44024106



Principal Place of Business
3357 GALT OCEAN LDR
FORT LAUDERDALE, FL 33308

Mailing Address
3357 GALT OCEAN LDR
809
FORT LAUDERDALE, FL 33308

2. Principal Place of Business

3. Mailing Address

329 Johnson Street
Suite, Apt. #, etc.
Hollywood Beach, FL
City & State

329 Johnson Street
Suite, Apt. #, etc.
Hollywood Beach, FL
City & State

03262004 Chg-P CR2E034 (10/03)

4. FEI Number
80-0036792

Applied For
Not Applicable

Zip
33019

Country
USA

Zip
33019

Country
USA

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

ANDREA, RALPH
3500 GALT OCEAN DRIVE
809
FORT LAUDERDALE, FL 33308

Name
Eugenie T. Moriconi
Street Address (P.O. Box Number is Not Acceptable)
329 Johnson Street
City Hollywood, FL Zip Code 33019

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 Eugenie T. Moriconi 04/01/04
Signature, typed or printed name of registered agent and title if applicable. (If not Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 P
NAME MORICONI, EUGENIE ☐ Delete
STREET ADDRESS 3015 N OCEAN BLVD
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE President, Owner ☒ Change ☐ Addition
NAME Eugenie T. Moriconi
STREET ADDRESS 329 Johnson St.
CITY-ST-ZIP Hollywood, FL 33019

TITLE V ☒ Delete
NAME ANDREA, RALPH
STREET ADDRESS 3500 GALT OCEAN DRIVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Eugenie T. Moriconi 04/01/04 (954) 205-4911
Signature and typed or printed name of signing officer or director Date Daytime Phone #