
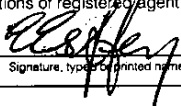
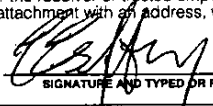


FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90440 044 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

| | | | |
|--|--|---|---|
| DOCUMENT # P01000055069 | |  | |
| 1. Entity Name GENOSI, INC. | | | |
| Principal Place of Business 2309 N.W. 13 CT FORT LAUDERDALE, FL 33311 | | Mailing Address 6240 WASHINGTON STREET APT 6 HOLLYWOOD, FL 33023 | |
| 2. Principal Place of Business - No P.O. Box # 2304 NW 13 CT | | 3. Mailing Address Suite, Apt. #, etc. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State FT LAUDERDALE FL | | City & State | |
| Zip 33311 | | Country USA | |
| 4. FEI Number 63-1114391 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ESCOFFERY, ESTRELLITA 2250 N E 172ND STREET, #1A NORTH MIAMI BEACH, FL 33160 | | 7. Name and Address of New Registered Agent Name: ESTRELLITA ESCOFFERY Street Address (P.O. Box Number is Not Acceptable): 2304 NW 13 COURT City: FT LAUDERDALE FL Zip Code: 33311 | |
| 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, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE: P | ESCOFFERY, ESTRELLITA <input checked="" type="checkbox"/> Delete | TITLE: PRESIDENT | ESTRELLITA ESCOFFERY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 6240 WASHINGTON ST # 6 | | STREET ADDRESS: 2304 NW 13 CT | FT LAUDERDALE FL 33311 |
| CITY-ST-ZIP: HOLLYWOOD, FL 33023 | | CITY-ST-ZIP: FT LAUDERDALE FL 33311 | |
| TITLE: D | ESCOFFERY, ESTRELLITA <input checked="" type="checkbox"/> Delete | TITLE: DIRECTOR | ESTRELLITA ESCOFFERY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 6240 WASHINGTON ST # 6 | | STREET ADDRESS: 2304 NW 13C | FT LAUDERDALE FL 33311 |
| CITY-ST-ZIP: HOLLYWOOD, FL 33023 | | CITY-ST-ZIP: FT LAUDERDALE FL 33311 | |
| TITLE: <input type="checkbox"/> Delete | | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME: <input type="checkbox"/> Delete | | NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS: <input type="checkbox"/> Delete | | STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| CITY-ST-ZIP: <input type="checkbox"/> Delete | | CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE: <input type="checkbox"/> Delete | | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME: <input type="checkbox"/> Delete | | NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS: <input type="checkbox"/> Delete | | STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| CITY-ST-ZIP: <input type="checkbox"/> Delete | | CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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:  | | Date: _____ Daytime Phone #: _____ | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |