


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000085826 1. Entity Name GENETRIX, INC.	
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Principal Place of Business 2641 NORTHEAST 23RD COURT POMPANO BEACH, FL 33062	Mailing Address 2641 NORTHEAST 23RD COURT POMPANO BEACH, FL 33062
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DO NOT WRITE IN THIS SPACE



04152004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1132727	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

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD KENNEDY, JEAN M 2641 NORTHEAST 23RD COURT POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD JURCZAK, STEVE 2641 NORTHEAST 23RD COURT POMPANO BEACH, FL 33062
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04/19/04-80068-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  STEVE JURCZAK <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 4/15/04	Daytime Phone # 954-899-3850
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