

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90022 034 ***158.75

DOCUMENT # P01000097741	
1. Entity Name GENKELL GROUP, INCORPORATED	

Principal Place of Business 16330 NW 84TH AVENUE MIAMI LAKE, FL 33016	Mailing Address 16330 NW 84TH AVENUE MIAMI LAKE, FL 33016
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54023167



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02252004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1145578	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FIGUEROA, ANTONIO 16330 NW 84TH AVENUE MIAMI LAKE, FL 33016		Name <i>Figueroa, Antonio</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>16431 NW 84 Ct.</i>	
		City <i>Miami Lakes</i> FL Zip Code <i>33016</i>	

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 <i>[Signature]</i>	DATE <i>3/22/04</i>

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIGUEROA, ANTONIO 16330 NW 84TH AVENUE MIAMI LAKE, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Figueroa, Antonio</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>16431 NW 84 Ct.</i> <i>Miami Lakes, FL 33016</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIGUEROA, ANTONIO JR 16330 NW 84TH AVENUE MIAMI LAKE, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Figueroa, Antonio Jr.</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>16431 NW 84 Ct.</i> <i>Miami Lakes, FL 33016</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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 <i>[Signature]</i>	Date <i>03/22/04</i> Daytime Phone # <i>786-586-3071</i>