


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 16, 2004 08:00 AM
Secretary of State**

DOCUMENT # P01000119014 1. Entity Name GENPAK, INC.	
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Principal Place of Business 10117 WEST OAKLAND PARK BLVD #369 SUNRISE, FL 33351-6917	Mailing Address 10117 WEST OAKLAND PARK BLVD #369 SUNRISE, FL 33351-6917
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DO NOT WRITE IN THIS SPACE



04132004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1159934	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

CHRYSTIE, DEBRA H 9861 NORTH ABIACA CIR DAVIE, FL 33328
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**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 if applicable.

(NOTE: 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**

U000000115494
04/16/04-80026-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CHRYSTIE, DEBRA H 10117 WEST OAKLAND PARK BLVD #369 SUNRISE, FL 333516917
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**DO NOT WRITE
IN THIS SPACE**

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:

Debra H. Chrystie, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/04

Date

954-474-0899

Daytime Phone #

Debra H. Chrystie, President