2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Feb 28, 2004 08:00 AM DOCUMENT # P02000059278 Secretary of State 1. Entity Name GENO TRUCKTOR SERVICE, INC. Mailing Address Principal Place of Business 361 PORPOISE ROAD VENICE FL 34293 361 PORPOISE ROAD VENICE FL 34293 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt #, etc CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 30-0058765 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA Street Address (P.O. Box Number is Not Acceptable) 1840 SOUTHWEST 22ND STREET 4TH FLOOR **MIAMI FL 33145** City Zip Code 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. bus merarbus SIGNATURE S DATE afure, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition **PSTD** TATLE TITLE ☐ Delete PONOMARENKO, GENNADY NAME NAME STREET ADDRESS 361 PORPOISE ROAD STREET ADDRESS VENICE FL 34293 CITY-ST-7/P CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE U00000071250 NAME 03/01/04-80063-017 15**0.0**0 STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP 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 Statutés. 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

. FILED

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