


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2003 8:00 am
Secretary of State

04-10-2003 90090 010 ***150.00

DOCUMENT # P02000099787

1. Entity Name
GENO'S TRUCKING INC.



Principal Place of Business
1100 N.E. 111 ST.
MIAMI FL 33161

Mailing Address
1100 N.E. 111 ST.
MIAMI FL 33161

55039884



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
82-0564432

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CHARLOT, JEAN
1100 N.E. 111 ST.
MIAMI FL 33161

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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.

SIGNATURE *[Signature]* **4-6-03**
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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLOT, JEAN 1100 N.E. 111 ST. MIAMI FL 33161	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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 lines empowered.

SIGNATURE: *[Signature]* **4-6-03** **305-733-2492**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment # PO2000099787

No. Miami Beach, Florida 33162

ATTACHMENT
Max RETURNS
Notary Public

5503 9874
#PO2000099787

Form **SS-4**

Application for Employer Identification Number

(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)
See separate instructions for each line. Keep a copy for your records.

EIN: 82-05264432

OMB No. 1545-0003

1 Legal name of entity (for individual) for whom the EIN is being requested GENOS TRUCKING INC.		3 Executor, trustee, "care of" name	
2 Trade name of business (if different from name on line 1)			
4a Mailing address (room, apt., suite no. and street, or P.O. box) 1100 N.E. 11th St.		5a Street address (if different) (Do not enter a P.O. box)	
4b City, state, and ZIP code MIAMI FL 33161		5b City, state, and ZIP code	
6 County and state where principal business is located DADÉ COUNTY FL 33161			
7a Name of principal officer, general partner, grantor, owner, or trustee JEAN CHARLOT		7b SSN, TIN, or EIN 591-05-03113	
8a Type of entity (check only one box)			
<input type="checkbox"/> Sole proprietor (SSN) _____ <input checked="" type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) _____ <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) _____ <input type="checkbox"/> Other (specify) _____			
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State Foreign country	
9 Reason for applying (check only one box)		Banking purpose (specify purpose) _____	
<input checked="" type="checkbox"/> Started new business (specify type) _____ <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations		<input type="checkbox"/> Changed type of organization (specify new type) _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) _____ <input type="checkbox"/> Created a pension plan (specify type) _____	

N# 82-05264432