

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000011247

**Entity Name:** GENESIS RECOVERY SERVICES, INC.

**FILED**  
**Feb 27, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

9322 NW 9TH PL  
PLANTATION, FL 33324 US

**New Principal Place of Business:**

9045 LAFONTANA BLVD #201  
BOCA RATON, FL 33434 US

**Current Mailing Address:**

12717 W. SUNRISE BLVD.  
#432  
SUNRISE, FL 33323 US

**New Mailing Address:**

**FEI Number:** 82-0583889      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FISHER, MILES L  
12717 W. SUNRISE BLVD.  
#432  
SUNRISE, FL 33323 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FISHER, MILES L  
Address: 12717 W. SUNRISE BLVD. #432  
City-St-Zip: SUNRISE, FL 33323 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILES L FISHER

PRES

02/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date