

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000047  
1. Entity Name  
GENMARK PROPERTIES, INC.

Principal Place of Business  
1515 NORTH FEDERAL  
SUITE 306  
BOCA RATON FL 33432

2. Principal Place  
of Business

Suite

AY

Mailing Address  
1515 NORTH FEDERAL HIGHWAY  
SUITE 306  
BOCA RATON FL 33432

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Current Registered Agent

Name

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

City

FL

Zip Code

I hereby certify 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 as true, the information furnished herein.

Extra: 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, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GENSHEIMER, MARK A 1515 NORTH FEDERAL HIGHWAY, SUITE 306 BOCA RATON FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GENSHEIMER, MARK A 1515 NORTH FEDERAL HIGHWAY, SUITE 306 BOCA RATON FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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05/14/07-80023-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 27, 2007 08:00 A**  
**Secretary of State**



1st MOORE

CR2E034 (10/06)

4. FEI Number 43-2013087

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of New Registered Agent