


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90036 050 ***150.00

DOCUMENT # P03000049041 1. Entity Name GENESIS SPEEDOMETER & DIAGNOSTIC CENTER, INC.			
Principal Place of Business 8324 NW 197 STREET MIAMI, FL 33015		Mailing Address 8324 NW 197 STREET MIAMI, FL 33015	
2. Principal Place of Business 13117 NW 107 AVENUE Suite, Apt. #, etc. Bay 9 City & State Hialeah GARDENS FL Zip 33018 Country MIAMI DADE		3. Mailing Address 13117 NW 107 AVENUE Suite, Apt. #, etc. Bay 9 City & State Hialeah GARDENS FL Zip 33018 Country MIAMI DADE	
4. FEI Number 73-1665371		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent-- BELLO, ALBERTO 8324 NW 197 STREET MIAMI, FL 33015		7. Name and Address of New Registered Agent Name <u>Alberto Bello</u> Street Address (P.O. Box Number is Not Acceptable) <u>8361 NW 167 Terrace</u> City <u>Miami Lakes</u> FL Zip Code <u>33016</u>	
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: <u>Albert Bello</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE: <u>March 19-04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSD BELLO, ALBERTO 8324 NW 197 ST MIAMI, FL 33015	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Alberto Bello 8361 NW 167 Terrace MIAMI LAKES FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SANCHEZ, LEONARDO 19416 NW 83 CT MIAMI, FL 33015	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: <u>Albert Bello</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u>3/19/04</u> <small>Daytime Phone #</small>	

ALBERTO BELLO