2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: と

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 18, 2005 08:00 AM Secretary of State DOCUMENT # P03000049041 1. Entity Name GENESIS SPEEDOMETER & DIAGNOSTIC CENTER, INC. Principal Place of Business Mailing Address 13117 NW 107 AVENUE 13117 NW 107 AVENUE HIALEAH GARDENS FL 33018 HIALEAH GARDENS FL 33018 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 73-1665371 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BELLO, ALBERTO Street Address (P.O. Box Number is Not Acceptable) 8361 NW 167 TERRACE MIAMI LAKES FL 33016 Zip Code 3. 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, typed or printed name of registered agent and title II applicable (NOTE: Registered Agent signature required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THLE **PSD** Delete DINE Change BELLO, ALBERTO NAME NAME U00000268273 03/18/05-80034-024 150.00 STRFFF ADDRESS 8361 NW 167 TERRACE STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33016 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition | SANCHEZ, LEONARDO NAME STREET ADDRESS 19416 NW 83 CT STREET ADDRESS CITY-ST-ZIP MIAM! FL 33015 CITY-ST-ZIP THILE Delete □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - 51 - 71P CITY-ST-ZIP Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete Addition NAME MALIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition □ Change MAME STREET ADDRESS STREET ADORESS 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)(1), Florida Statutes 1 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.

FILED

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