

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000099102

FILED
May 01, 2009
Secretary of State

Entity Name: GENESIS MARKETING CIRCLE, INC.

Current Principal Place of Business:

1840 FOREST HILL BLVD., SUITE 203
W. PALM BCH, FL 33406

New Principal Place of Business:

999 WHIPPOORWILL TER
W. PALM BCH, FL 33411

Current Mailing Address:

1840 FOREST HILL BLVD., SUITE 203
W. PALM BCH, FL 33406

New Mailing Address:

999 WHIPPOORWILL TER
W. PALM BCH, FL 33411

FEI Number: 20-0193307

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUNTES, ELINOR
999 WHIPPOORWILL TERRACE
W. PALM BCH, FL 33411 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PUNTES, ELINOR
Address: 999 WHIPPOORWILL TERRACE
City-St-Zip: W. PALM BCH, FL 33411

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: ELINOR PUNTES

D

05/01/2009

Electronic Signature of Signing Officer or Director

Date