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May 04, 2006 8:00 am
Secretary of State

05-04-2006 90195 016 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000007382

1. Entity Name
GENESIS ASSOCIATES GROUP, INC.

Principal Place of Business	Mailing Address
1800 W 49 ST STE 324-B HIALEAH, FL 33012	1800 W 49 ST STE 324-B HIALEAH, FL 33012

01122006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
1710 NW 7 St.		1710 NW 7 St	
Suite, Apt. #, etc.: #9		Suite, Apt. #, etc.: #9	
City & State: Miami, Fl.		City & State: Miami, Fl.	
Zip: 33125	Country: USA	Zip: 33125	Country: USA

4. FEI Number: 20-0566373 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GONZALEZ, ROSABEL 1800 NW 49 ST STE 324-B HIALEAH, FL 33012	Name: Gonzalez, Rosabel Street Address (P.O. Box Number is Not Acceptable): 1710 NW 7 St. #9 City: Miami FL Zip Code: 33125

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: [signature] Rosabel Gonzalez — DATE: 1/11/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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	PD GONZALEZ, ROSABEL 1800 NW 49 ST STE 324-B HIALEAH, FL 33012	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Gonzalez, Rosabel 1710 NW 7 St. #9 Miami, Fl. 33125	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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] Rosabel Gonzalez, Pres. — Date: 1/11/06 — Daytime Phone #: 305-333-9088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR