2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000043044

1. Entity Name
GENESIS VENTURE, INC.

Principal Place of Business	Mailing Address
9981 SW 70 STREET MIAMI, FL 33173	9981 SW 70 STREET MIAMI, FL 33173

DO NOT WRITE IN THIS SPACE

04142006   No Chg-P   CR2E034 (11/05)

4. FEI Number 22-3899559	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

GINARTE, MARLENE
9981 SW 70 STREET
MIAMI, FL 33173

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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, 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, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PS
NAME	POU, ANTONIO
STREET ADDRESS	8422 NW 168TH TERR
CITY-ST-ZIP	MIAMI, FL 33016

TITLE	VT
NAME	GINARTE, MARLENE
STREET ADDRESS	9981 SW 70 STREET
CITY-ST-ZIP	MIAMI, FL 33173

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/19/06-80003-011 150.00

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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: _Marlene Ginarte_   4/28/06   (305) 273-1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #