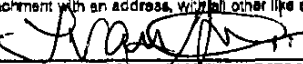


FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90162 022 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000076109			
1. Entity Name GENESIS MARKETING MEDIA, CORP.			
Principal Place of Business 5330 NW 114 AVE UNIT 102 MIAMI, FL 33178		Mailing Address 5330 NW 114 AVE UNIT 102 MIAMI, FL 33178	
2. Principal Place of Business		3. Mailing Address	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent ROTUNDO, NAN L 5330 NW 114 AVE UNIT 102 MIAMI, FL 33178		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
5. 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 reappointing)		DATE	
FILE NOW! FEE IS \$150.00 After May 1, 2005 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 ROTUNDO, IVAN L 5330 NW 114 AVE UNIT 102 MIAMI, FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROTUNDO, SILVIA E 5330 NW 114 AVE UNIT 102 MIAMI, FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROTUNDO, SERGIO E 5330 NW 114 AVE UNIT 102 MIAMI, FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROTUNDO, FLAVIO E 5330 NW 114 AVE UNIT 102 MIAMI, FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 exemption stated in Section 119.07(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, without other like empowered.			
SIGNATURE: 		IVAN L. ROTUNDO 04/26/05 (305) 418-8678	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF COLLECTION		Date Daytime Phone	