2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

DOCUMENT# P04000116368

Entity Name: GENESIS CARE SERVICES INC.

Current Principal Place of Business:

5460 N STATE RD 7
118
FT LAUDERDALE, FL 33319

New Principal Place of Business:

5460 N STATE RD 7
101
FT LAUDERDALE, FL 33319

Current Mailing Address:

5460 N STATE RD 7
118
FT LAUDERDALE, FL 33319

New Mailing Address:

5460 N STATE RD 7
101
FT LAUDERDALE, FL 33319

FEI Number: 20-1470056 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOSEIN, ASGAR
8201 NW 9TH CT
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ALVARO CANDELA Y CIA, LTDA
Address: 5460 N STATE RD 7 3 118
City-St-Zip: FT LAUDERDALE, FL 33319

Title: VP ( ) Delete
Name: HOSEIN, ASGAR A
Address: 8201 NW 9TH CT
City-St-Zip: PLANTATION, FL 33324

Title: D ( ) Delete
Name: ANZELLINI, ALBERTO
Address: 4120 SAPPHIRE ST
City-St-Zip: WESTON, FL 33331

Title: P ( ) Delete
Name: CANDELA, DANIEL A
Address: 5460 N STATE RD 7 # 118
City-St-Zip: FT LAUDERDALE, FL 33319

Title: VP ( ) Delete
Name: PRADA, MARIA C
Address: 2840 N E 25TH CT
City-St-Zip: FT LAUDERDALE, FL 33305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ASGAR HOSEIN MR 04/19/2006
Electronic Signature of Signing Officer or Director Date