## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P04000117864** 04-19-2005 90396 036 \*\*\*150.00 GENESIS NETWORK MARKETING, INC. Principal Place of Business Mailing Address 50038865 4574 NAUTILUS DR 4574 NAUTILUS DR MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33140 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04112005 4. FEI Number Applied For City & State City & State 20- 148236**3** Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TURETSKY, ERIC B Street Address (P.O. Box Number is Not Acceptable) 4574 NAUTILUS DR MIAMI BEACH, FL 33140 City Zip Code 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, 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, 2005 Fee will be \$550.00 9. Election Campaign Financing Election Campaign Financing \$5.00, May Be Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Delete TITLE TITLE TURETSKY, ERIC B NAME NAME STREET ADDRESS STREET ADDRESS 4574 NAUTILUS DR CITY-ST-ZIP MIAMI BEACH, FL 33140 CITY-ST-ZIP ☐ Change ☐ Addition \/P ☐ Defete TITLE TITLE TURETSKY, PAMELA D NAME NAME 4574 NAUTILUS DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33140 CITY - ST- ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST:ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ental eport 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 poster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplies indicated on this report of supplemental ed of the corporation or the receiver of the steep changed, or on an attamment with an add SIGNATURE:

**FILED** 

Apr 19, 2005 8:00 am Secretary of State