2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

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SIGNATURE:

Apr 21, 2005 8:00 am Secretary of State 04-21-2005 90219 012 ***150.00 DOCUMENT # P04000130047 1. Entity Name GENESIS SOUTH, INC. Principal Place of Business Mailing Address 2813 NE 28TH STREET 2813 NE 28TH STREET FT LAUDERDALE, FL 33306 FT LAUDERDALE, FL 33306 3. Mailing Address 2005 E. OAKLANG 2. Principal Place of Business 2805 & OAKLAND PARK BLUI Suite, Apt. #, etc. 4 4 8 Suite, Apt. #, etc. 04062005 Chg-P CR2E034 (10/03) # 448 City & State City & State 4. FEI Number Applied For FT. LAUDERDALE FL 20-1640870 Not Applicable LANDERDALE Country \$8.75 Additional 5. Certificate of Status Desired 33306-1813 6. Name and Address of Current Registered Agent BROWAL ! Fee Required 7. Name and Address of New Registered Agent SAM6 PISONI, MATTHEW Street Address (P.O. Box Number is Not Acceptable) **2813 NE 28TH STREET** FT LAUDERDALE, FL 33306 LANDERDACE FL 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 rainstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE Change Addition MATTHEW PISONI PISONI, MATTHEW NAME NAME 2805 6. OAKLAND PARK BLUD #448 STREET ADDRESS 2813 NE 28TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 33306.1813 FT LAUDERDALE, FL 33306 Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP □ Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 supplier shall 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 of truetee 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED