

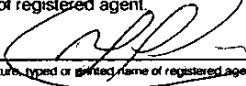
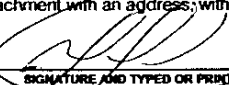


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P05000032557</b> 1. Entity Name <b>GENESIS SYSTEMS, CORP.</b>						<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em;">2008 FEB 27 PM 1:22</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business <b>7825 CAMINO REAL, J-108 MIAMI, FL 33143</b>				Mailing Address <b>7825 CAMINO REAL, J-108 MIAMI, FL 33143</b>			
2. Principal Place of Business - No P.O. Box # <b>8201 NW 66 ST</b>		3. Mailing Address <b>8201 NW 66 ST</b>				02262008    Chg-P    CR2E034 (12/06)	
Suite, Apt. #, etc. <b>Suite #6</b>		Suite, Apt. #, etc. <b>Suite #6</b>					
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>					
Zip <b>33166</b>		Country <b>USA</b>		4. FEI Number <b>20-2853043</b>		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Name and Address of Current Registered Agent  <b>MADUENO, MARVIN L 7825 CAMINO REAL, J-108 MIAMI, FL 33143</b>		7. Name and Address of New Registered Agent Name <b>9055 SW 73 COURT #1409</b> Street Address (P.O. Box Number is Not Acceptable) <b>Miami</b> <b>33156</b> City <b>FL</b> 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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>				9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees Trust Fund Contribution.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>MADUENO, MARVIN L 7825 CAMINO REAL, J-108 MIAMI, FL 33143</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	(MP) <b>DARY RODRIGUEZ</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>8290 LAKE DR #550 DORAL, FL 33166</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	(PD) ADDRESS ONLY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8201 NW 66 ST suite #6 Miami, FL 33166</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900119549239 03/06/08--01016--002    **150.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.							
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
				Date		Daytime Phone #	