

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 8:00 am
Secretary of State

03-15-2006 90103 018 ***150.00

DOCUMENT # P05000123113					
1. Entity Name GENESIS I AUTO REPAIR INC.					
Principal Place of Business 10720 SW 190TH STREET #32 MIAMI FL 33157			Mailing Address 10720 SW 190TH STREET #32 MIAMI FL 33157		
2. Principal Place of Business <i>Same</i>		3. Mailing Address <i>Same</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 842-1675146	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CASTRO, ROBERTO 10931 SW 177TH STREET MIAMI FL 33157				7. Name and Address of New Registered Agent Name: <i>Roberto Castro</i> Street Address (P.O. Box Number is Not Acceptable): <i>10931 SW 177 ST</i> City: <i>MIAMI</i> FL Zip Code: <i>33157</i>	
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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER Roberto CASTRO 10931 SW 177 ST MIAMI FL 33157				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
[Change] [Addition]					
[Change] [Addition]					
[Change] [Addition]					
[Change] [Addition]					
[Change] [Addition]					
[Change] [Addition]					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
SIGNATURE: <i>Roberto Castro</i>			3/2/06 305-484-4540		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		