


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000123113 1. Entity Name GENESIS I AUTO REPAIR INC.	
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Principal Place of Business 10720 SW 190TH STREET #32 MIAMI, FL 33157	Mailing Address 10720 SW 190TH STREET #32 MIAMI, FL 33157
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DO NOT WRITE IN THIS SPACE



08202007 No Chg-P CR2E034 (11/05)

4. FEI Number 42-1675146	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CASTRO, ROBERTO
10931 SW 177TH STREET
MIAMI, FL 33157**

DO NOT WRITE
IN THIS SPACE

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 _____ U00000772687
08/23/07-00005-000-150.00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O CASTRO, ROBERT 10931 SW 177TH ST MIAMI, FL 33157
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

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.

SIGNATURE:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____