

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000132369

FILED
Apr 04, 2006
Secretary of State

Entity Name: GENESIS HOLDINGS I CORP.

Current Principal Place of Business:

2100 PONCE DE LEON BLVD STE 600
CORAL GABLES, FL 33134

New Principal Place of Business:

2100 PONCE DE LEON BLVD.
SUITE 600
CORAL GABLES, FL 33134

Current Mailing Address:

2100 PONCE DE LEON BLVD STE 600
CORAL GABLES, FL 33134

New Mailing Address:

2100 PONCE DE LEON BLVD.
SUITE 600
CORAL GABLES, FL 33134

FEI Number: 20-3537117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GURIAN, JORGE
2100 PONCE DE LEON BLVD STE 600
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

GURIAN, JORGE
2100 PONCE DE LEON BLVD.
SUITE 600
CORAL GABLES, FL 33134 US

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.

SIGNATURE: JORGE GURIAN

04/04/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: HOFFMANN, DANIELLA
Address: 2100 PONCE DE LEON BLVD STE 600
City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HOFFMANN, DAVID
Address: 2100 PONCE DE LEON BLVD STE 600
City-St-Zip: CORAL GABLES, FL 33134

Title: DS () Change (X) Addition
Name: HOFFMANN, DANIELLA
Address: 2100 PONCE DE LEON BLVD STE 600
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID HOFFMANN

DP

04/04/2006

Electronic Signature of Signing Officer or Director

Date