# P06000006625

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	cument Number)	
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CRETARY OF STATE

ANASSEE, FLORIDA

NO. 107

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#### **COVER LETTER**

TO: Amendment Section Division of Corporations Genesis U.S.A. Importis, Inc. 6000006625 **DOCUMENT NUMBER:** The enclosed *Articles of Amendment* and fee are submitted for filing. Please return all correspondence concerning this matter to the following: PO Box 66-897
(Address) For further information concerning this matter, please call: Trieb tastar 305 9260476

(Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: □\$35 Filing Fee **■**\$43.75 Filing Fee & ■\$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations Division of Corporations** 

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 5, 2007

CATALINA PRIETO-PASTOR GENESIS SEAFOOD INT'L, INC. P. O. BOX 66-8977 MIAMI, FL 33016

SUBJECT: GENESIS U.S.A. IMPORT'S, INC.

Ref. Number: P06000006625

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places One

or more major words may be added to make the name distinguishable from the one presently on file.

# Adding "of Florida" or "Florida" to the end of a name is not acceptable

The document number of the name conflict is L88314.

Please return your document, along with a copy of this letter, within 60 days of this 80 days of thi your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Dariene Conneil

Darlene Connell Document Specialist

Letter Number: 907A00038315

Letter Number: 907A00038315

Connect Specialist

Letter Number: 907A00038315

Connect Specialist

Letter Number: 907A00038315

### **Articles of Amendment**

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

			O7 AUG 29 F SECRETARY ALLAHASSE
			OF STATE FLORIDA
(Attach ad	ditional pages if ne	cessary)	

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption: 501/2007				
The date of each amendment(s) adoption:  Solvery  Ciffective date if applicable:  (no more than 90 days after amendment file date)				
Adoption of Amendment(s) (CHECK ONE)				
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.				
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):				
"The number of votes cast for the amendment(s) was/were sufficient for approval by				
(voting group)				
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.				
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.  Signature  (By a director, president of other officer of directors or officers have not been				
selected, by an incorporator - if in the hands of a receiver, trustee, or other court				
appointed fiduciary by that fiduciary				
Catalina Prieto-Pastor				
(Typed or printed name of person signing)				
tresident				
(Title of person signing)				

FILING FEE: \$35