

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000047527

**FILED**  
**Oct 24, 2008**  
**Secretary of State**

**Entity Name:** GENESIS INVESTMENTS ENTERPRISES INC.

**Current Principal Place of Business:**

8249 NW 36 ST.  
SUITE 104  
DORAL, FL 33166

**New Principal Place of Business:**

8249 NW 36 ST  
DORAL, FL 33166

**Current Mailing Address:**

8249 NW 36 ST.  
SUITE 104  
DORAL, FL 33166

**New Mailing Address:**

P.O. BOX 171644  
HIALEAH, FL 33017

**FEI Number:** 20-4647946

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ABENOJAR, NELSON M.A. M  
2204 W 74 ST  
201  
HIALEAH, FL 33016 US

**Name and Address of New Registered Agent:**

ABENOJAR, GINA A  
5400 NW 168 TERRACE  
MIAMI GARDENS, FL 33055 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: GINA ABENOJAR

10/24/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ABENOJAR, NELSON A  
Address: 2204 W 74 ST #201  
City-St-Zip: HIALEAH GARDENS, FL 33016

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ABENOJAR, GINA A PRES  
Address: 5400 NW 168 TERRACE  
City-St-Zip: MIAMI GARDENS, FL 33055

Title: GM ( ) Change (X) Addition  
Name: ABENOJAR, NELSON A GM  
Address: 5400 NW 168 TERRACE  
City-St-Zip: MIAMI GARDENS, FL 33055

I hereby certify that the information supplied with this filing does not qualify 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: GINA ABENOJAR

P

10/24/2008

Electronic Signature of Signing Officer or Director

Date