


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000083110 1. Entity Name GENERIS IMPORT COMPANY INC.	
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Principal Place of Business 4000 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33146	Mailing Address 4000 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33146
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DO NOT WRITE IN THIS SPACE



01252008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5071827	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FERRARO, JAMES 4000 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33146
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000938197 05/27/08-80080-019 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D FERRARO, JAMES JR 4000 PONCE DE LEON BOULEVARD, SUITE 700 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,D LANIADO, MAURICIO 4000 PONCE DE LEON BOULEVARD, SUITE 700 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SE,D SAADE, GABRIEL 4000 PONCE DE LEON BOULEVARD, SUITE 700 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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:  **James L. Ferraro** **March 20, 2008** **(305) 375-0111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #