2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000041276

Entity Name: GENUINE CARE, CORP

City-St-Zip: MIAMI, FL 33157

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
7955 SW MIAMI, FL	155TH STREE _ 33157	Т			
Current Mailing Address:			New Mailing Address:		
7955 SW MIAMI, FL	155TH STREE 33157	Т			
FEI Numbe	r: 14-2012702	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
7955 SW	N, NATALIE 155TH STREE - 33157 US	Т			
	e named entity : te of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATU	JRE:				
	Electror	nic Signature of Registered Age	ent	Date	
Election Ca	ampaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name:	P () COLIMON, NAT		Title: (Name: Address	() Change () Addition	

City-St-Zip:

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: NATALIE COLIMON P 04/14/2009