2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 12, 2005 08:00 AM Secretary of State

| DOCUMENT # P93000020250 |
|-------------------------|
| 1. Entity Name |

Principal Place of Business

GENOT-I, INC.

Mailing Address

1717 NORTH BAYSHORE DRIVE APT 3640 MIAMI, FL 33132

1001 BRICKELL BAY DRIVE #1400

MIAMI, FL 33131 US



No Chg-P 01102005

CR2E034 (10/03)

4. FEI Number 65-0900554 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, MARC-ANTOINE

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| APT 3640 MIAMI, FL 33132 | | IN THIS SPACE | | | | | |
|--|--|--|--|--|--|--|--|
| The above named entity submits this statement for the the obligations of registered agent. | purpose of changing its register | ed office or registered agent, or both, in the | State of Florida. I am lamiliar with, and accept | | | | |
| Signature, typed or printed name of registered agent and little | if applicable. (NOTE, Registere | ad Agent signature required when reinstating) | DATE | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | Election Campaign Fina Trust Fund Contribution. | | | | | | |
| 10. OFFICERS AND DIRE | CTORS | | | | | | |
| NAME OTTO-BRUC, EUGENE STREET ADDRESS 1717 NORTH BAYSHORE DRIVE MIAMI, FL 33132 | | | 900000227618 | | | | |
| NAME MARTIN, MARC-ANTOINE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33132 | | A Company of the Comp | 14/05-80007-007 150.00 | | | | |
| TITLE NAME STREET ADDRESS CXTY- SY-ZIP | | DO NO | T WRITE | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN THIS | S SPACE | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Figure 1 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | AND THE RESIDENCE OF THE PROPERTY OF THE PROPE | | | | | |
| 12. I hereby certify that the information supplied with this findicated on this report or supplemental report is true. | iling does not qualify for the exe | mption stated in Section 119.07(3)(i), Florida | a 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 it made under dath; that I am an officer or diffector 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.

MARTIN MARTINES AND TO INE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

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