


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000070045

1. Entity Name
GENESIS AUSTIN, INC.



Principal Place of Business 7700 W 24TH AVE #5 HIALEAH, FL 33016 US	Mailing Address 7700 W 24TH AVE #5 HIALEAH, FL 33016 US
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DO NOT WRITE IN THIS SPACE



05122004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0522467	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEMUS, LAZARO.
 7700 W 24TH AVE
 #5
 HIALEAH, FL 33016**

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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
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEMUS, LAZARO 7700 W 24 AVE. #5 HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEMUS, LOURDES F 7700 W 24TH AVE #5 HIALEAH, FL 33016
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Lazaro Lemus / Pms **5/11/04** **305-319-0002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #