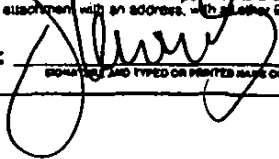


FILED
Jun 07, 2005 8:00 am
Secretary of State

05-16-2005 90204 026 ***150.00

DOCUMENT # P94000070045 1. Entity Name GENESIS AUSTIN, INC.		
Principal Place of Business 7700 W 24TH AVE #5 HALEAH, FL 33016 US	Mailing Address 7700 W 24TH AVE #5 HALEAH, FL 33016 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LEMUS, LAZARO 7700 W 24TH AVE #5 HALEAH, FL 33016		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when appointing)		
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEMUS, LAZARO 7700 W 24 AVE. #5 HALEAH, FL 33016	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LEMUS, LOURDES F 7700 W 24TH AVE #5 HALEAH, FL 33016	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 whether the empowered		
SIGNATURE:  205 814-0002 05/31/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

66022081



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0522467** Applied For ☒ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**