

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000076411	
1. Entity Name GENESIS MOVING AND STORAGE, INC.	

Principal Place of Business 20855 NE 16 AVENUE BAY C-3 NORTH MIAMI BEACH, FL 33179 US	Mailing Address 20855 NE 16 AVENUE BAY C-3 NORTH MIAMI BEACH, FL 33179 US
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05052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0527769	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent**WIESE, WYNAND
20855 NE 16TH AVE
C-3
NORTH MIAMI BEACH, FL 33179****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 for 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 releasing)

DATE

**FILE NOW!!! FEE IS \$650.00
Due by September 12, 2008****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	DP WIESE, WYNAND 20855 NE 16TH AVE NORTH MIAMI BEACH, FL 33179
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06/03/08-80074-015 150.00**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #