2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000078833

1. Entity Name
GENIOL USA, INC.

Principal Place of Business	Mailing Address
8220 LEO KIDD AVENUE PORT RICHEY, FL 34668	8220 LEO KIDD AVENUE PORT RICHEY, FL 34668

DO NOT WRITE IN THIS SPACE

01112007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3277923	Not Applicable

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

6. Name and Address of Current Registered Agent

PRAHASKY, MATTHEW
8220 LFO KIDD AVE
PORT RICHEY, FL 34668

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

0000000593872
01/22/07-80048-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	D	
NAME	PRAHASKY, MATTHEW JR	
STREET ADDRESS	6038 WYOMING AVENUE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____   01/17/07   4278467504

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