

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 02, 2007 08:00 AM  
Secretary of State

DOCUMENT # P96000043140

1. Entity Name  
GEN-X INTERNATIONAL CORP.



Principal Place of Business  
829 NW 167 ST  
MIAMI, FL 33169 US

Mailing Address  
780 NW 42 AVENUE #416  
MIAMI, FL 33126 US



01052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0668398

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HABERMANN, ROSA  
21399 MARINA COVE CIRCLE  
AVENTURA, FL 33180

**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 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

U00000618375  
02/08/07-80027-007 150.00

10. OFFICERS AND DIRECTORS

TITLE P  
NAME HABERMAN, JORGE  
STREET ADDRESS 21399 MARINA COVE CIRCLE  
CITY-ST-ZIP AVENTURA, FL 33180

TITLE VS  
NAME HABERMANN, ROSA  
STREET ADDRESS 21399 MARINA COVE CIRCLE  
CITY-ST-ZIP AVENTURA, FL 33180

TITLE T  
NAME HABERMAN, GEORGINA  
STREET ADDRESS 21399 MARINA COVE CIRCLE  
CITY-ST-ZIP AVENTURA, FL 33180

TITLE V  
NAME HABERMAN, JORGE M  
STREET ADDRESS 21399 MARINA COVE CIRCLE  
CITY-ST-ZIP AVENTURA, FL 33180

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: X

*Jorge Habermann*

JORGE HABERMANN, PRES. 1/08/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #