


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2008 8:00 am**  
**Secretary of State**

02-01-2008 90025 050 \*\*\*150.00

<b>DOCUMENT # P96000043140</b>	
1. Entity Name <b>GEN-X INTERNATIONAL CORP.</b>	

Principal Place of Business <b>829 NW 167 ST MIAMI, FL 33169 US</b>	Mailing Address <b>780 NW 42 AVENUE #416 MIAMI, FL 33126 US</b>
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2. Principal Place of Business - No P.O. Box # <b>7400 NW 7TH STREET</b>	3. Mailing Address <b>780 NW 42 AVENUE</b>
Suite, Apt. #, etc. <b>106</b>	Suite, Apt. #, etc. <b>416</b>
City & State <b>MIAMI, FL</b>	City & State <b>MIAMI, FL</b>
Zip <b>33126</b>	Country <b>DADE</b>

01292008 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0668398</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>HABERMANN, ROSA 21399 MARINA COVE CIRCLE AVENTURA, FL 33180</b>
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7. Name and Address of New Registered Agent Name <b>ANGEL D. CORDOVA</b> Street Address (P.O. Box Number is Not Acceptable) <b>780 NW 42 AVENUE #416</b> City <b>MIAMI</b> FL Zip Code <b>33126</b>
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HABERMAN, JORGE 21399 MARINA COVE CIRCLE AVENTURA, FL 33180</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS HABERMANN, ROSA 21399 MARINA COVE CIRCLE AVENTURA, FL 33180</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T HABERMAN, GEORGINA 21399 MARINA COVE CIRCLE AVENTURA, FL 33180</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V HABERMAN, JORGE M 21399 MARINA COVE CIRCLE AVENTURA, FL 33180</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP HABERMANN, ROMINA 21399 MARINA COVE CR. AVENTURA, FL 33180</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** PRES. 01-28-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #