2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR) **FILED** DOCUMENT # P96000046834 Jan 24, 2007 08:00 AM **Secretary of State GENARO'S CORPORATION** Principal Place of Business Mailing Address 100 36TH STREET WEST PALM BEACH FL 33407 100 36TH STREET WEST PALM BEACH FL 33407 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite. Apt # etc. 1st MOORE CR2E034 (10/06) City & State City & Stato 4. FEI Number Applied For 65-0677830 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo ESPINAL, GENARO Street Address (P.O. Box Number is Not Acceptable) 117-51 SW 1ST STREET PLANTATION FL 33325 City Zip Code 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 rilapplicable, (NOTE Registered Agent signature required when reinstalling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** Change Addition 11111 Delete HITE ESPINAL, GENARO NAMI NAME U00000601977 117-51 SW 1ST STREET STULE FADDRESS STREET ADDRESS 01/26/07-80070-024 150.00 PLANTATION FL 33325 CHY ST-ZIP CITY-S1-ZIP ☐ Change 100 Defete Addition 🔲 NAML STREET ADDRESS STREET ADDRESS CHY+SL-7/P CHY+SI-ZIP 11111 Delete HDE Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CHY-SI-ZIP Delete □ Change ☐ Addition NAMi STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-71P Delete Change Addition THILE THIE NAME NAME. STREET ADDRESS STREET ADDRESS CHY-SI-7IP CITY-ST-7IP HHE Olfit ☐ Change Addition Delete NAME NAMI STREET ADDRESS STREET ADORESS

12. I hereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Section 119, Florida Statutos. 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 early; that I am an officer or director of the corporation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutos, 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.

CITY - ST - ZIP

SIGNATURE

CHY-ST-ZIP

MATURE AND TYPED OR PRINCED AND OF SIGNING OFFICER

01-20-07 (56) 863-55N)