

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90235 042 \*\*\*150.00

**DOCUMENT # P96000058300**



1. Entity Name  
**GENESIS TITLE SERVICES, CORP.**

Principal Place of Business  
**7220 N.W. 36TH ST., 303A  
MIAMI, FL 33166 US**

Mailing Address  
**7220 N.W. 36TH ST., 303A  
MIAMI, FL 33166 US**

2. Principal Place of Business  
**792 RIO VISTA DR.**

Suite, Apt. #, etc.

3. Mailing Address  
**792 RIO VISTA DR.**

Suite, Apt. #, etc.



04272004 Chg-P CR2E034 (10/03)

City & State  
**MIAMI SPRINGS, FL**

City & State  
**MIAMI SPRINGS, FL**

4. FEI Number  
**65-0678422**

Applied For  
☐ Not Applicable

Zip  
**33166**

Country  
**U.S.A.**

Zip  
**33166**

Country  
**U.S.A.**

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

6. Name and Address of Current Registered Agent

**AZA, SILVIA  
7220 N.W. 36TH ST., 303A  
MIAMI, FL 33166**

7. Name and Address of New Registered Agent

Name  
**SILVIA AZA**  
Street Address (P.O. Box Number is Not Acceptable)  
**792 RIO VISTA DRIVE**  
City  
**MIAMI SPRINGS FL** Zip Code  
**33166**

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 **SILVIA AZA, PRES.**

**04/27/04**

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, 2004 Fee will be \$550.00**

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  
**P  
AZA, SILVIA  
7220 N.W. 36TH ST., 303A  
MIAMI, FL 33166** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT  
SILVIA AZA  
792 RIO VISTA DRIVE  
MIAMI SPRINGS, FL 33166** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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STREET ADDRESS  
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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 **SILVIA AZA, PRES.** **04/27/04** **(305)594-2669**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #