

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90071 030 ***150.00

DOCUMENT # P96000102066

1. Entity Name
GENET FAMILY HOLDINGS, INC.



Principal Place of Business
**19080 N.E. 29 AVE.
AVENTURA, FL 33180**

Mailing Address
**19080 N.E. 29 AVE.
AVENTURA, FL 33180**

50027671



03042005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0719427

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NELSON, BARRY A
2775 SUNNY ISLE STE 118
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 constituting)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **GENET, E.M.B.**
STREET ADDRESS **19080 N.E. 29TH AVE.**
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE **D**
NAME **GENET, S. MICHAEL**
STREET ADDRESS **2945 FLAMINGO DRIVE**
CITY-ST-ZIP **MIAMI BEACH, FL**

TITLE **D**
NAME **GENET, SANDOR F.**
STREET ADDRESS **99 NE 167 STREET**
CITY-ST-ZIP **NORTH MIAMI, FL**

TITLE **D**
NAME **GENET, BEN J**
STREET ADDRESS **3870 N. 40 AVE.**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE **PSTD**
NAME **GENET, DAVID**
STREET ADDRESS **4001 N 41 STREET**
CITY-ST-ZIP **HOLLYWOOD, FL**

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 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/05 305-933-8700
Date Daytime Phone #