2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 09, 2007 8:00 am Secretary of State DOCUMENT # P96000102066 04-09-2007 90036 013 ***150.00 1. Entity Name GENET FAMILY HOLDINGS, INC. Principal Place of Business Mailing Address UUUUUV * * 19080 N.E. 29 AVE. 19080 N.E. 29 AVE. AVENTURA, FL 33180 AVENTURA, FL 33180 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03142007 CR2E034 (12/06) Chg-P Applied For City & State City & State 4. FEI Number 65-0719427 Not Applicable 7in Country Country Zip \$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 David G. Genet **NELSON, BARRY A** Street Address (P.O. Box Number is Not Acceptable) 19080 NE 29 Ave. 2775 SUNNY ISLE STE 118 AVENTURA, FL 33180 Aventura, FL 33180 City Zip Code 8. The above named entity subn ment to 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 SIGNATURE_X Signature, typed or p ed agect and title if applicable. (NOTE: Registered Agent signature required when rainstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete ☐ Change IME ☐ Addition GENET, E.M.B. NAME NAME 19080 N.E. 29TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AVENTURA, FL 33180 CITY-ST-ZIP Delete Change Addition GENET S. MICHAEL MAME NAME STREET ADDRESS 2945 FLAMINGO DRIVE STREET ADDRESS MIAMI BEACH, FL CITY-ST-70P CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition GENET, SANDOR F. NAME STREET ADDRESS 99 NE 167 STREET STREET ADDRESS CITY-ST-ZIP NORTH MIAMI, FL CITY-ST-ZIP TITLE ☐ Defete HILLE ☐ Change ☐ Addition GENET, BEN J NAME NAME 3870 N. 40 AVE. STREET ADDRESS STREET ADDRESS CITY-ST-7IP HOLLYWOOD, FL 33021 CITY-ST-ZIP **PSTD** TITLE ☐ Delete TITLE ☐ Change ☐ Addition GENET, DAVID NAME NAME STREET ADDRESS 4001 N 41 STREET STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL CSTY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 supplier at report after 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 of trastee encounter 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 madadossy with all other like empowered. President SIGNATURE: 🔼 INVED HAME OF SIGNING OFFICER OR DIRECTOR

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