


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90049 046 ***150.00

DOCUMENT # P9700008318

1. Entity Name
GENEXO INFORMATION TECHNOLOGY, INC.



Principal Place of Business
16201 SW 95 AVENUE
SUITE 102
MIAMI, FL 33157

Mailing Address
9715 SW 144 STREET
MIAMI, FL 33176

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
9760 SW 164 St.
Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33157

Country

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0727072** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
PEREZ, JULIO C
9715 SW 144 STREET
MIAMI, FL 33176

7. Name and Address of New Registered Agent
Name **PEREZ JULIO C.**
Street Address (P.O. Box Number is Not Acceptable)
9760 SW 164 St.
City **MIAMI** FL Zip Code **33157**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when registering)

FILE AGENCY FEE IS \$150.00
ANNUAL MAY 1, 2003 FEE WILL BE \$600.00
Make Checks Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP PEREZ, JULIO C 9715 SW 144 STREET MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP JULIO PEREZ 9760 SW 164 St. MIAMI, FL 33157 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEREZ, GRECIA 9715 SW 144 STREET MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEREZ, GRECIA 9760 SW 164 St. MIAMI, FL 33157 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: _____ DATE: **5/1/03** DAYTIME PHONE #: **305 238 1516**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPRE034 (10/02)