

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000053184**

1. Entity Name

GENESIS IMAGE TECHNOLOGY CORPORATION



Principal Place of Business

2705 CRANE TRACE CIRCLE  
ORLANDO FL 32837

Mailing Address

P.O. BOX 691564  
ORLANDO FL 32869



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **65-0840642**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YU, SUE J  
2705 CRANE TRACE CIRCLE  
ORLANDO FL 32837

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*Feb 20 2007*

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	VPTD	<input type="checkbox"/> Delete
NAME	BUFAN, YU	
STREET ADDRESS	P O BOX 691564	
CITY-STATE-ZIP	ORLANDO FL 32869	
TITLE	S	<input type="checkbox"/> Delete
NAME	YU, ROBERT	
STREET ADDRESS	P O BOX 691564	
CITY-STATE-ZIP	ORLANDO FL 32869	
TITLE	D	<input type="checkbox"/> Delete
NAME	YU, ROBERT A	
STREET ADDRESS	P O BOX 691564	
CITY-STATE-ZIP	ORLANDO FL 32869	
TITLE	P	<input type="checkbox"/> Delete
NAME	YU, SUE J	
STREET ADDRESS	P O BOX 691564	
CITY-STATE-ZIP	ORLANDO FL 32869	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	U00000650330	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	03/08/07-80009-011 150.00	
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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]*

SUE-JANE YU Feb 20, 07 407-251-0922