

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90050 040 ***150.00

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1. Entity Name
GENESIS 3, INC.



Principal Place of Business

13145 SW 104 TER
MIAMI, FL 33186

Mailing Address

13145 SW 104 TER
MIAMI, FL 33186

94032462



02042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0872235	Applied For ☐
Not Applicable	

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

6. Name and Address of Current Registered Agent

BOWER, BRIAN VAN
13145 SW 104TH TERRACE
MIAMI, FL 33186

**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 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	DPT BOWER, BRIAN VAN 13145 SW 104TH TERRACE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV PHILLIPS, SKIP 28942 WELCOME VIEW ESCONDIDO, CA 92026
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS TISHERMAN, DAVID 504 6TH STREET MANHATTAN BEACH, CA 90266
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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

Date

Daytime Phone #

Brian Van Ples. 3/15/04 305 383-7266