

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000080780

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**



02112005 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**

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

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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)(f), 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

President 3/10/05 305 383-7266
Date Daytime Phone #