FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V66810

1. Entity Name

GENESIS DISTRIBUTORS, INC

DO NOT WRITE IN THIS SPACE

FILED

04 MAY -6 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7225 NW 25 ST	same
Suite, Apt. #, etc.: SUITE # 300	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State
Zip: 33122 Country: USA	Zip Country

4. FEI Number: 65-0356814 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CAROLINA CANAHUATI

Street Address (P.O. Box Number is Not Acceptable): 7225 NW 25 ST SUITE # 300

City: MIAM I FL Zip Code: 33122

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.

SIGNATURE: [signature]

Signature type and printed name of Registered Agent and title if applicable. Both Registered Agent signature required when reinstating. Date

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D
NAME	CAROLINA CANAHUATI
STREET ADDRESS	7225 NW 25 ST SUITE #300
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	
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CITY-ST-ZIP	

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of $300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2003 and 2004 or any other notice from the Division of Corporations in respect with the Corporation **GENESIS DISTRIBUTOR, INC.**

Thank you for your courtesy in this matter.

CAROLINA CANAHUATI
PRESIDENT