


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # 690884

1. Entity Name
GEMINI MANUFACTURING, INC.



Principal Place of Business
**7371 DAVIE RD EXTENSION
 HOLLYWOOD, FL 33024**

Mailing Address
**7371 DAVIE RD EXTENSION
 HOLLYWOOD, FL 33024**

DO NOT WRITE IN THIS SPACE



04022007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0124473

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SARAFAN, RICHARD
 C/O GENOVESE JOBLOVE & BATTISTA
 100 SE 2ND ST FL36
 MIAMI, FL 33131-2158**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when reappointing)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$350.00**

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	PTD RYAN, MICHAEL FRANKLIN 6831 SW 9TH STREET PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GOLDBERG, ROBERT J. 3208 SW 175TH AVENUE MIRAMAR, FL 33029
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 05/18/07-80039-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 employees.

SIGNATURE *[Signature]* DATE 4/23/07 DAYTIME PHONE # 954-432-3500
Signature, typed or printed name of registered agent or director