

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # G48618

1. Entity Name
INTERNATIONAL GEM MERCHANTS, INC.



Principal Place of Business
**4385 SHAWNEE ST
JACKSONVILLE, FL 32210**

Mailing Address
**4385 SHAWNEE ST
JACKSONVILLE, FL 32210**

DO NOT WRITE IN THIS SPACE



01062007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2578040

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROTHSTEIN, SIMON D ESQ
STE 104 4417 BEACH BOULEVARD
JACKSONVILLE, FL 32207**

**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 restate)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
**PTD
BROOKS, DANA LOUISE
4385 CHASNEE ST
JACKSONVILLE, FL 32210**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
COMER, DANIELLE EDITH
4385 SHAWNEE ST
JACKSONVILLE, FL 32210**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000649661
03/07/07-80057-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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 empowered.

SIGNATURE: _____

DANA LOUISE BROOKS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 Feb 07
Date

904 3885130
Daytime Phone #