


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

05-31-2005 90001 029 \*\*\*150.00

**DOCUMENT # P01000060834**

1. Entity Name  
**GEM INSURANCE BUSINESS OFFICE, CORP.**



Principal Place of Business  
**1800 W 49 STREET STE 213  
 HIALEAH, FL 33012**

Mailing Address  
**1800 W 49 STREET STE 213  
 HIALEAH, FL 33012**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



05272005 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1114099**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**ESCOBAR, YAHUMARA  
 1800 W 49 STREET STE 213  
 HIALEAH, FL 33012**

7. Name and Address of New Registered Agent

Name **Maria E. Gonzalez**

Street Address (P.O. Box Number is Not Acceptable)  
**1800 West 49 St. Ste 213**

City **Hialeah** FL Zip Code **33012**

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 *Maria E. Gonzalez* DATE **5/27/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

**FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ESCOBAR, YAHUMARA 1800 W 49 STREET STE 213 HIALEAH, FL 33012	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ESCOBAR, YAHUMARA 1800 W 49TH ST STE 213 HIALEAH, FL 33012	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Maria E. Gonzalez 1800 West 49 St. Ste 213 Hialeah, FL 33012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 persons empowered.

SIGNATURE: *Maria E. Gonzalez* Date **5/27/05** Daytime Phone # **305-456-3394**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. W. ...  
# PD 100006834  
50053072

GEM INSURANCE BUSINESS OFFICE, INC.  
1800 WEST 49<sup>TH</sup> STREET SUITE 213  
HIALEAH, FL 33012  
TELEPHONE: 305-825-3924 / TELEFAX 305-825-8332  
EMAIL: GEM@FDN.COM

May 27, 2005

TO: DIVISION OF CORPORATIONS  
PO BOX 1500  
TALLAHASSEE, FL 32302-1500

REFERENCE: REQUEST FOR LATE FEE WAIVE

To Whom It May Concern:

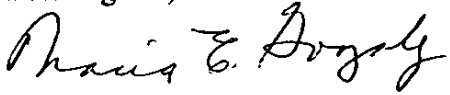
I, Maria E. Gonzalez, was rushed to Aiken, South Carolina to have medical treatment and did not return to Miami until May 17<sup>th</sup> although I'm supposed to return to complete same.

This is the first time we have filed a late return and hopefully the last. One of the reasons I requested interruption of medical treatment was to come back and file before May 31<sup>st</sup> which is the date I had in my mind regarding the cut-off date without penalty.

From 4/18 to 5/13, 2005 I was at Aiken Integrated Medical Center 37 Varden Drive Aiken, SC 29803. The Medical Director is Dr. Virginia Scruggs, DO, PH. D... Should you have any questions regarding this matter, you are free to use this letter as my authorization.

Trusting you will excuse us this once, I Thank You for your understanding.

Best Regards,



Maria E. Gonzalez