

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000086427

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: GEM TECHNOLOGY-PRC, INC.

## Current Principal Place of Business:

2800 PONCE DE LEON BOULEVARD  
SUITE 1100  
CORAL GABLES, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

2800 PONCE DE LEON BOULEVARD  
SUITE 1100  
CORAL GABLES, FL 33134

## New Mailing Address:

FEI Number: 26-3190138      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARNAIZ, LIVIA  
2800 PONCE DE LEON BOULEVARD  
SUITE 1100  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: ARNAIZ, LIVIA  
Address: 3350 SW 27TH AVENUE, APT. 1504  
City-St-Zip: COCONUT GROVE, FL 33133

Title: P ( ) Delete  
Name: EASTON, JOE  
Address: 2454 TIGERTAIL AVENUE  
City-St-Zip: COCONUT GROVE, FL 33133

Title: EXVP ( ) Delete  
Name: LEAR, CHRISTOPHER  
Address: 700 5TH STREET NE  
City-St-Zip: WASHINGTON, DC 20002

Title: EXVP ( ) Delete  
Name: HENSLEY, WILLIE F  
Address: 8940 A LINKS BRIDGE ROAD  
City-St-Zip: THURMONT, MD 21788

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LIVIA ARNAIZ

CEO

04/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date