

FILED

Sep 17, 2004 8:00 am
Secretary of State


8/30

08-30-2004 90007 001 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 96000061262

1. Entity Name
USE Gemstone



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
976 D. NOB HILL RD

3. Mailing Address
SPAIN

4. FEI Number
65-1681468

Applied For
 Not Applicable

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

6. City
Plantation FL

7. State
FLORIDA

8. Zip
33334

9. Country
USA

7. Name and Address of Current Registered Agent

Name
JEFF KILMOTT

Street
3201 PORT ROYALE BLVD

City
PLANTATION FL

Zip
33338

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
Roxelle W. Elwood

Date
8/14/04

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP

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 407, Florida Statutes; and that my name appears in Block 11, or on an attachment with an address, with all other fees empowered.

SIGNATURE: Jeff Kilmott

PRINT THE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DO NOT WRITE IN THIS SPACE

Realtek
1 cont.

JSE GEMS, INC.

Attachment

975 North Nob Hill Road
Plantation, FL 33324

66433785.

P96000061262

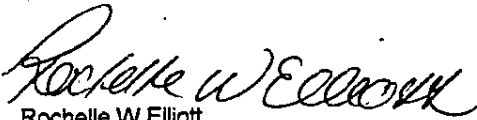
August 24, 2004

Divisions Of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, FL 32314

Dear Sir or Madam:

Please find enclosed the 2004 Annual Report for JSE GEMS, INC. I did not receive the filing report that was due by May 1st. I only realized that it was not done when I received the dissolution notice, which at that time I called and a representative and had a faxed copy of the UBR report faxed to me.

Please find enclosed a check for the amount owed. Thank you.



Rochelle W Elliott
JSE GEMS, INC.

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Attachment


66433785



MOORE CR2E034 (4/04)

DOCUMENT # P96000061262

1. Entity Name
J.S.E. GEMS, INC.



Principal Place of Business Mailing Address

975 NORTH NOB HILL ROAD 975 NORTH NOB HILL ROAD
 PLANTATION FL 33324 PLANTATION FL 33324
 US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0681468** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ELLIOTT, JEFFREY S
3101 PORT ROYALE BLVD #1015
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *Rochelle W. Elliott* DATE

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

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ELLIOTT, JEFF	
STREET ADDRESS	3101 PORT ROYALE BLVD #1015	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE: *Rochelle W. Elliott* Date: *8/21/04* Daytime Phone #: *954 370 4377*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR