## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 09, 2005 08:00 AM Secretary of State DOCUMENT # P97000105896 1. Entity Name GEMSY SEWING MACHINES, INC. Mailing Address Principal Place of Business 7241 N.W. 54TH STREET 7241 N.W. 54TH STREET MIAMI, FL 33166 MIAMI, FL 33166 01252005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0831417 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE RUAN, CHUNFEI 7241 NW 54TH ST MIAMI, FL 33166 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 reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME RUAN, XIAOMING STREET ADDRESS 7241 NW 54 TH ST MIAMI, FL 33166 CITY-ST-ZIP TITLE U00000256165 03/09/05-80003-004 150.00 RUAN, CHUNFEI NAME STREET ADDRESS 7241 NW 54 TH ST MIAMI, FL 33166 CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED