


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000007855

1. Entity Name
GEMINI DATA SYSTEMS, INC.



Principal Place of Business 11555 HERON BLVD SUITE 200 CORAL SPRINGS, FL 33076	Mailing Address 11555 HERON BLVD SUITE 200 CORAL SPRINGS, FL 33076
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04302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

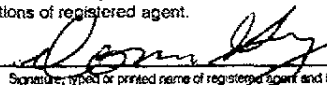
4. FEI Number 65-0887187	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GREENBERG, DONNA
 11555 HERON BLVD
 SUITE 200
 CORAL SPRINGS, FL 33076**

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  **Donna Greenberg** DATE **4-30-04**

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

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

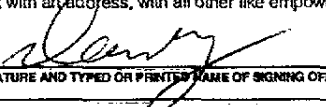
U00000152467
 05/04/04-80088-003 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENBERG, MITCHELL 11555 HERON BLVD #200 CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENBERG, DONNA 11555 HERON BLVD #200 CORAL SPRINGS, FL 33076
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Donna Greenberg** DATE **4-30-04** Daytime Phone # **954-603-0465**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR