2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # M95702 1. Entity Name

INDIA GEMS INTERNATIONAL, INC.



FILED Jan 28, 2005 08:00 AM **Secretary of State**

Principal Place of Business

36 NE 1ST ST

STE 3C2-MIAMI, FL 33132 US

Mailing Address

% MALIK MAKHIJA 36 NE 1 ST, STE 302 MIAMI, FL 33132 US



CR2E034 (10/03) 01212005 No Chg-P 4. FEI Number Applied For 65-0110399 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent end title if applicable.

MAKHIJA, MALIK 36 N.E. 1ST ST. S302 MIAMI, FL 33132

DO	NOT	WRITE
IN	THIS	SPACE

8.	The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida.	i am familiar with, and accept
	the obligations of registered agent.	
SI	GNATURE	

(NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DP TITLE MAKHIJA, MALIK NAME STREET ADDRESS 36 N.E., 1ST ST. 302 CITY-ST-ZIP . MIAMI, FL MAKHIJA, ELVIRA NAME STREET ADDRESS 36 N.E. 1ST ST. 302 CITY-ST-ZIP MIAMI, FL NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

Unid000200751 38/65-80041-009 150.00

DATE

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

1-26-05

Date

305-374-513⁻

Daytime Phone #