

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 29, 2005 8:00 am
Secretary of State

06-29-2005 90002 037 ***150.00

DOCUMENT # 485420

1. Entity Name

JOSEPH W. TENHAGEN GEMSTONES, INC.



Principal Place of Business

**36 N.E. 1ST ST, #419
MIAMI FL 33132**

Mailing Address

**36 N.E. 1ST ST, #419
MIAMI FL 33132**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number **59-1615887**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TENHAGEN, JOSEPH W
36 N.E. 1ST ST #419
MIAMI FL 33132**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **TENHAGEN, JOSEPH W**
STREET ADDRESS **7324 S.W. 134TH COURT**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSEPH W. TENHAGEN

6-22-05 305-374-2444

JOSEPH W. TENHAGEN GEMSTONES, INC.

36 N.E. First Street, Suite 419

Miami, Florida 33132

Phone 305-374-2411 ♦ Fax 305-374-2413

E-Mail: joeten@bellsouth.net

ATTACHMENT

#485420

50054006

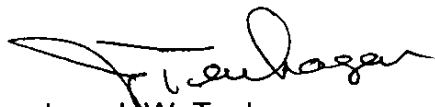
June 23, 2005

Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, Fl. 32314

To Whom It May Concern:

This is to inform you that my bookkeeper was fired several months ago and I was unaware of this form as the bookkeeper took care of these matters. I just found the form today, filled it out and mailed it today, June 23rd, 2005. Please excuse my lack of understanding, and I apologize for the delay.

Sincerely



Joseph W. Tenhagen