
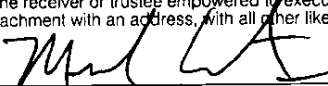


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90022 029 ***150.00

DOCUMENT # P05000003008 1. Entity Name GEM FLORAL CORP.					
Principal Place of Business 1700 NW 96TH AVE DORAL, FL 33172			Mailing Address 1700 NW 96TH AVE DORAL, FL 33172		
2. Principal Place of Business - No P.O. Box # 2283 NW 82 AVE.		3. Mailing Address 2283 NW 82 AVE.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DORAL FL		City & State DORAL, FL		4. FEI Number 55-0888886	
Zip 33122		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip 33122		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PUEBLA, LUIS 1700 NW 96TH AVE MIAMI, FL 33172		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2283 NW 82 AVE. MIAMI, FL 33122	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHRISTIANSEN, MICHAEL 1700 NW 96TH AVE MIAMI, FL 33172		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2283 NW 82 AVE. MIAMI, FL 33122	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GONZALEZ, LUIS 1700 NW 96 AVE MIAMI, FL 33122		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2283 NW 82 AVE. MIAMI, FL 33122	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	
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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 exemptions contained in Chapter 119, 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: 			Michael Christiansen 4-29-07 305477.5150		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		