

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000130958

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: GEMELY'S GROUP HOME, INC.

## Current Principal Place of Business:

955 S.E. 1ST STREET  
HIALEAH, FL 33010

## New Principal Place of Business:

## Current Mailing Address:

8146 N W 199 TERR  
HIALEAH, FL 33015

## New Mailing Address:

FEI Number: 43-2046563

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RUGGIERI, FONTE  
10225 WELLEBY ISLES LANE  
SUNRISE, FL 33351 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FERNANDEZ, ALBERTO L MR.  
Address: 8146 NW 199 TERRACE  
City-St-Zip: MIAMI, FL 33015

Title: VP ( ) Delete  
Name: FERNANDEZ, EGLEE C MRS.  
Address: 8146 NW 199 TERRACE  
City-St-Zip: MIAMI, FL 33015

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERTO FERNANDEZ

P

04/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date