2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT #485583** 1. Entity Name 02-28-2006 90017 007 ***155.00 **GEM CORPORATION** Principal Place of Business Mailing Address 198 OCEAN BLVD. 198 OCEAN BLVD. **50000554** MIAMI, FL 33160 MIAMI, FL 33160 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 3 02152006 City & State City & State 4. FEI Number Applied For 65-0060850 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MANNERS, PETER -MANNERS PETER G Street Address (P.O. Box Number is Not Acceptable) 20 ALHAMBRA CIRCLE #8 CORAL GABLES, FL 33134 198 Ocean Bl City FL 33160-2261 Golden Beach 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. 1 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 aignsture required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PSTD דינות TITLE Delete TITLE Change ■ Change Addition MANNERS, PETER G MANNERS, PETER G. NAME NAME STREET ADDRESS 20 ALHAMBRA CIRCLE #8 STREET ADORESS 198 Ocean B1 CITY-ST-ZIP CORAL GABLES, FL CITY-ST-ZIP Golden Beach, FL 33160-2261 Delete TITLE TITLE Change Addition HEADLEY, MICHELLE C. NAME NAME STREET ADDRESS STREET ADORESS 198 Ocean B1 Golden Beach, FL 33160-2261 CITY-ST-ZIP CATY-ST-ZIP 77F1 F ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE TITLE ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P 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. PETER G. MANNERS. SIGNATURE: 🚅

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FILED

Feb 28, 2006 8:00 am