

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90968 040 ***150.00

DOCUMENT # 690884

1. Entity Name
GEMINI MANUFACTURING, INC.



Principal Place of Business
**7371 DAVIE RD EXTENSION
HOLLYWOOD, FL 33024**

Mailing Address
**7371 DAVIE RD EXTENSION
HOLLYWOOD, FL 33024**



04142005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0124473

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SARAFAN, RICHARD
C/O GENOVESE JOBLOVE & BATTISTA
100 SE 2ND ST FL36
MIAMI, FL 33131-2158**

**DO NOT WRITE
IN THIS SPACE**

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 reconstituting)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PTD
NAME: RYAN, MICHAEL FRANKLIN
STREET ADDRESS: 6831 SW 9TH STREET
CITY-ST-ZIP: PEMBROKE PINES, FL

TITLE: VSD
NAME: GOLDBERG, ROBERT J.
STREET ADDRESS: 3208 SW 175TH AVENUE
CITY-ST-ZIP: MIRAMAR, FL 33029

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

**DO NOT WRITE
IN THIS SPACE**

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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael F. Ryan, PTD

4-28-05

(51) 432-3500