


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # H74831  
1. Entity Name  
JEMS INVESTMENT (FLORIDA), INC.



Principal Place of Business      Mailing Address  
851 STATE RD. 434      851 STATE RD. 434  
SUITE 192      SUITE 192  
LONGWOOD, FL 32750      LONGWOOD, FL 32750

**DO NOT WRITE IN THIS SPACE**



02012005    No Chg-P    CR2E034 (10/03)

4. FEI Number 59-2582140	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
GREENSPOON, ALEX  
851 STATE RD. 434  
SUITE 192  
LONGWOOD, FL 32750

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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, 2005 Fee will be \$550.00**

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

U00000219783  
02/08/05-80040-018 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS ZIMMERMAN, JOHN 6855 ASHKELON CR. MONTREAL, QUEBEC,
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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 #