

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Feb 19, 2004 08:00 AM
Secretary of State**

DOCUMENT # M15026

1. Entity Name
GEMINIS STAR, CORP.



Principal Place of Business
8700 SW 97TH TERRACE
MIAMI, FL 33176 US

Mailing Address
8700 SW 97TH TERRACE
MIAMI, FL 33176 US



02132004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2528590

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

FUERTE, ARTURO C.
14290 SW 16TH TERR
MIAMI, FL 33175

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U00000057274
02/19/04-80055-012 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FUERTE, ARTURO C.
STREET ADDRESS 8700 SW 97TH TERRACE
CITY-ST-ZIP MIAMI, FL 33176

TITLE V
NAME FUERTE, MARIA M.
STREET ADDRESS 8700 SW 97TH TERRACE
CITY-ST-ZIP MIAMI, FL 33176

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/04

(305) 5513641