2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M51946

Entity Name
 GEM SENSATION, INC.

FILED Mar 31, 2004 08:00 AM Secretary of State

Principal Place of Business 5603 PINETREE DR. FT. PIERCE, FL 34982 US Mailing Address
5603 PINETREE DR.

5603 PINETREE DR. FT. PIERCE, FL 34982



DO NOT WRITE IN THIS SPACE

03292004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For 59-2809182 Not Applied For Not Applicable

5. Certificate of Status Desired S8.75 Additional

6. Name and Address of Current Registered Agent

SCHWARTZ, TERRENCE S. 801 BRICKELL AVENUE STE.1000 MIAMI, FL 33131 DO NOT WRITE IN THIS SPACE

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, typod or printed name of registered agent and title it applicable.

(NOTE, Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be

U00000100072 03/31/**04-**80030-025 150.00

10. BILE HAMMAN, GARTH NAME STREET ADDRESS 5603 PINETREE DRIVE FORT PIERCE, FL CITY - ST- 7/P TITLE HAMMAN, SUSAN MALE STREET ADDRESS 5603 PINETREE DRIVE CRY-57-78 FORT PIERCE, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP mle NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 3133E NAME STREET ADDRESS

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12. I hereby certify that the information supplied with this filling 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.

CICNIATUDE.

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

semme.

MAR 29, 2004 (772) 489-2030