## 2007 FOR PROFIT CORPORATION

## **FILED** Apr 16, 2007 08:00 Al Secretary of State **ANNUAL REPORT** DOCUMENT # P00000110127 SPECTRUM GEMS, INC. Principal Place of Business Mailing Address PO BOX 610753 PO BOX 610753 NORTH MIAMI, FL 33261-0753 NORTH MIAMI, FL 33261-0753 03152007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe 59-3687312 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LÉVINE, IRWIN H DO NOT WRITE 1747 VAN BUREN ST #950 HOLLYWOOD, FL 33020 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 duriled name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS THILE MIZRAHY, SHLOMO STREET ADDRESS 1751 NE 170TH STREET CITY-ST-ZIP NORTH MIAMI, FL 33162 U00000070**7**273 TITLE 04/24/07-80067-024 150.00 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-S1-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME

12. Thereby certify that the information supplied with this filling 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 ke empowered

SIGNATURE:

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