

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # PC1000006042

1. Entity Name  
GEM MANAGEMENT ENTERPRISES, INC.



Principal Place of Business  
SUITE #407 SOUTH  
1601 BELVEDERE ROAD  
WEST PALM BEACH, FL 33406

Mailing Address  
SUITE #407 SOUTH  
1601 BELVEDERE ROAD  
WEST PALM BEACH, FL 33406

**DO NOT WRITE IN THIS SPACE**



04172008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1068225	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MAPES, PAUL  
SUITE #407 SOUTH  
1601 BELVEDERE ROAD  
WEST PALM BEACH, FL 33406

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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, 2008 Fee will be \$550.00**

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

U00000940622  
05/28/08-80075-007 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P ASARCH, MEYER G SUITE #407 SOUTH 1601 BELVEDERE ROAD WEST PALM BEACH, FL 33406
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 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 like empowered.

**SIGNATURE:** *P. M.* **cc/o. Paul Mapes**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/08 (561)689-6601

Date

Daytime Phone #