


**2004 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

|   |   |  |
|---|---|--|
| <b>DOCUMENT # P01000069027</b>  |   |   |
| 1. Entity Name<br><b>GEM ENTERPRISE U.S.A. INC.</b>   |   |  |
| Principal Place of Business<br><b>18924 SW 12TH STREET<br/>PEMBROKE PINES, FL 33029</b>   | Mailing Address<br><b>18924 SW 12TH STREET<br/>PEMBROKE PINES, FL 33029</b>     |  |
| <b>DO NOT WRITE IN THIS SPACE</b>   |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>RAMPERSAUD, MARVIN K PSD<br/>18924 SW 12TH STREET<br/>PEMBROKE PINES, FL 33029</b>  |   | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   | DATE _____   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
| 10. OFFICERS AND DIRECTORS  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PSD<br>RAMPERSAUD, MARVIN K<br>18924 SW 12TH STREET<br>PEMBROKE PINES, FL 33029 | U000000129301<br>04/26/04-80072-010 150.00   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPTD<br>RAMPERSAUD, STANLEY<br>18924 SW 12TH STREET<br>PEMBROKE PINES, FL 33029 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |
| 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: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   | <b>4/26/04 904-435-2827</b><br><small>Date Daytime Phone #</small>   |