2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR) DOCUMENT # P03000027228 1. Entity Name GEMS OF ASIA & SOUTH PACIFIC, INC. FILED Feb 25, 2004 8:00 am Secretary of State 02-12-2004 90032 016 ***150.00

1. Entity Name			02-12-2004 90032 016 ***150.00	
GEMS OF ASIA & SOUTH PACIFIC, INC.				
·	and the second			
Principal Place of Business	Mailing Address		1	
815 20TH AVE WEST BRIAN K. DELANEY 815 20TH AVE WEST				
PALMETTO FL 34221 508 SALLY	LEE DRIVE ALMETTO EL 34221			
ELLENTON	i, FL 34222			M 98778 NBI) 19978 MAIS INDIT (89789) 11 (877
Principal Place of Business 3. Mailing Address				
2. Tillespairiace of busiless	3. Maining Address	5. Waining Address		<u> </u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		R2E034 (11/03)
			MOORE C	
City & State	City & State		4. FEI Number	Applied For
7in Country	7:-		(62-11/2021	Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired	S8.75 Additional Fee Required
6. Name and Address	of Current Registered Agent	<u> </u>	7. Name and Address of New Re	
,		Name		
DELANEY, BRIAN K			(P.O. Box Number is Not Acceptable)	
815 20TH AVE WEST PALMETTO FL 34221 BRIAN R DELAN-		-Direct Address	(II.O. Box Normber 13 Not Acceptable)	
1 ALMESTS FE SASSES	BRIAN R. DELANEY		,	
	508 SALLY LEE DRIVE ELLENTON, FL 34222	City		FL Zip Code
6 The observe newsed and the submittee this	- 34222			I
 The above named entity submits this the obligations of registered agent. 	statement for the purpose of changing it	s registered office or registe	ered agent, or both, in the State of Flori	da. I am familiar with, and accept
5,0,1,7,105	1 ' :			
SIGNATURESignature, typed or printed name of i	registered agent and title if applicable. (NO	E: Registered Agent signature require	nd when reinstating)	DATE
FILE NOW!!! FEE IS \$	150.00			
After May 1, 2004 Fee will b			9. Election Campaign/Fina	
Make Check Payable to Florida Deg	partment of State		Trust Fund Contribution.	Added to Fees
10. OFF	ICERS AND, DIRECTORS	11.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 11
TITLE D	BRIAN K. DELANEY	TITLE		. Change Addition
NAME DELANEY, BRIAN K STREET ADDRESS 815 20TH AVE WEST	508 SALLY LEE DRIVE	NAME		
CITY-SI-ZIP PALMETTO FL 34221	ELLENTON, FL 34222	STREET ADORESS CITY-ST-ZIP		
ппе D		TITLE .		C Observe C Addition
NAME GROPP, PETER C	PETER C. GROPP Delete 508 SALLY LEE DRIVE	NAME	_	☐ Change ☐ Addition
STREET ADDRESS 815 20TH AVE WEST	ELLENTON, FL 34222	STREET ADDRESS	,	
CITY-ST-ZIP PALMETTO FL 34221	34222	CITY-ST-ZIP		1
TILE	☐ Delets	TITLE		☐ Change ☐ Addition
NAME		NAME		
CITY-SI-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE	——————————————————————————————————————			
NAME	☐ Delete	TITLE		☐ Change ☐ Addition
		1		
STREET ADDRESS		NAME STREET ADDRESS		•
		NAME		
STREET ADDRESS	□ Delete	name Street address	<u>. </u>	Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
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STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information is	: Delete Supplied with this filing does not qualify for	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP OF the exemption stated in S	ection 119.07(3)(i), Florida Statutes. if	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information s indicated on this report or supplement of the corporation or the receiver or	Delete Lupplied with this filing does not qualify for a contained and account and the contained to execute this removement to execute this removement.	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Or the exemption stated in S my signature shall have it as required by Chapter 66	same lenst effect as it made under os	Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information s indicated on this report or supplement of the corporation or the receiver or	Delete Supplied with this filing does not qualify for the proof is true and accurate and that	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Or the exemption stated in S my signature shall have it as required by Chapter 66	same legal effect as if made under or 17. Florida Statutes; and that my name	Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information s indicated on this report or supplement of the corporation or the receiver or	Delete Lupplied with this filing does not qualify for a contained and account and the contained to execute this removement to execute this removement.	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Or the exemption stated in S my signature shall have it as required by Chapter 66	same lenst effect as it made under os	Change Addition

BRIAN K. DELANEY