


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2007 8:00 am
Secretary of State

06-15-2007 90021 048 ***150.00

DOCUMENT # P03000130958 1. Entity Name GEMELY'S GROUP HOME, INC.					
Principal Place of Business 955 S.E. 1ST STREET HIALEAH, FL 33010			Mailing Address 8146 N W 199 TERR HIALEAH, FL 33015		
2. Principal Place of Business - No P.O. Box # 955 SE 1 ST		3. Mailing Address 8146 NW 199 TERRACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HIALEAH FL		City & State HIALEAH FL		4. FEI Number 43-2046563	
Zip 33010		Country MIAMI-DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33015		Country MIAMI DADE		Applied For Not Applicable	
6. Name and Address of Current Registered Agent RUGGIERI, FONTE 10225 WELLEBY ISLES LANE SUNRISE, FL 33351			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERNANDEZ, ALBERTO L MR. 8146 NW 199 TERRACE MIAMI, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERNANDEZ, EGGLE C MRS. 8146 NW 199 TERRACE MIAMI, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Alberto L FERNANDEZ</u> 05-30-07 305-898-7286 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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Division of Corporations

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From: GEMEDY'S GROUP HOME

Document # P03000130958

I tried To MAKE a
Payment via e-mail To
www.sunbiz.org and This
is the response That I
get. I enclose a check
of \$150.00 To the Division
of Corporation for the
2007 Annual Report.