

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90033 043 \*\*\*150.00

<b>DOCUMENT # P04000023395</b> 1. Entity Name <b>COLD BLOODED GEMS, INC.</b>					
Principal Place of Business <b>11233 W ATLANTIC BLVD STE G107 CORAL SPRINGS, FL 33071</b>			Mailing Address <b>11233 W ATLANTIC BLVD STE G107 CORAL SPRINGS, FL 33071</b>		
2. Principal Place of Business <i>11250 SW 157th St.</i>		3. Mailing Address <i>11250 SW 157th St.</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <i>Miami, FL</i>		City & State <i>Miami, FL</i>		4. FEI Number <b>80-0096628</b>	
Zip <i>33157</i>		Country <i>Dade</i>		Applied For Not Applicable	
Zip <i>33157</i>		Country <i>Dade</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ARCHER, WELLESLEY 11233 W ATLANTIC BLVD STE G107 CORAL SPRINGS, FL 33071</b>			7. Name and Address of New Registered Agent Name <i>Huamanchumo, Hugo</i> Street Address (P.O. Box Number is Not Acceptable) <i>6390 Simms St.</i> City <i>Hollywood</i> <b>FL</b> Zip Code <i>33024</i>		
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 <i>Hugo Huamanchumo</i> <i>Hugo Huamanchumo</i> <span style="float: right;">2-29-05</span> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>WETZSTEIN, HERBERTO 11233 W ATLANTIC BLVD CORAL SPRINGS, FL 33071</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Wetzstein, Herberto 6885 W. 7th ave. Hialeah, FL 33014</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>ARCHER, WELLESLEY 11233 W ATLANTIC BLVD CORAL SPRINGS, FL 33071</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Archer, Wellesley 11250 SW 157th St. Miami, FL 33157</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Huamanchumo, Hugo 6390-Simms- St Hollywood, FL 33024</i>		
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		
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		
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 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.					
<b>SIGNATURE: Wellesley Archer</b> <i>W. Archer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-29-05 (305)969-2927 <small>Date Daytime Phone #</small>		