

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90262 048 \*\*\*150.00

|   |                         |                          |  |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
|---|-------------------------|--------------------------|--|-----|--|-------|------|--------|------|---------------------|--------------------------|----------------|----------------------|--|-------------|-----------------|--|-------|-----|--|------|-------------------------|--------------------------|----------------|----------------------|--|-------------|-----------------|--|-------|--|--------------------------|------|--|--|----------------|--|--|-------------|--|--|-------|--|--------------------------|------|--|--|----------------|--|--|-------------|--|--|-------|--|--------------------------|------|--|--|----------------|--|--|-------------|--|--|-------|------|--------|------|--|--------------------------|----------------|--|--|-------------|--|--|-------|--|--------------------------|------|--|--|----------------|--|--|-------------|--|--|-------|--|--------------------------|------|--|--|----------------|--|--|-------------|--|--|-------|--|--------------------------|------|--|--|----------------|--|--|-------------|--|--|
| <b>DOCUMENT # P04000121051</b><br>1. Entity Name<br><b>GLOBAL GEMS USA, INC.</b>  |                         |                          |  |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| Principal Place of Business<br><b>11543 SW 90TH STREET<br/>MIAMI, FL 33176</b>  |                         |                          | Mailing Address<br><b>11543 SW 90TH STREET<br/>MIAMI, FL 33176</b> |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |                         |                          | 3. Mailing Address<br>Suite, Apt. #, etc.                          |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| City & State  |                         |                          | City & State   |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| Zip   |                         | Country                  |  | Zip |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PALLISSERY, JAMES P<br/>11543 SW 90TH STREET<br/>MIAMI, FL 33176</b>  |                         |                          |  |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City   |                         |                          |  |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| 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: _____ (NOTE: Registered Agent signature required when reinstating)   |                         |                          |  |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| <div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2005 Fee will be \$550.00</b> </div> <div>           9. Election Campaign Financing<br/>           Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div>  |                         |                          |  |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| <div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>PALLISSERY, JAMES P</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11543 SW 90TH STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33176</td> <td></td> </tr> <tr> <td>TITLE</td> <td>STD</td> <td></td> </tr> <tr> <td>NAME</td> <td>PALLISSERY, LEENA JAMES</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11543 SW 90TH STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33176</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Change</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div> |                         |                          |  |     |  | TITLE | NAME | Delete | NAME | PALLISSERY, JAMES P | <input type="checkbox"/> | STREET ADDRESS | 11543 SW 90TH STREET |  | CITY-ST-ZIP | MIAMI, FL 33176 |  | TITLE | STD |  | NAME | PALLISSERY, LEENA JAMES | <input type="checkbox"/> | STREET ADDRESS | 11543 SW 90TH STREET |  | CITY-ST-ZIP | MIAMI, FL 33176 |  | TITLE |  | <input type="checkbox"/> | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE | NAME | Change | NAME |  | <input type="checkbox"/> | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
| TITLE   | NAME                    | Delete                   |  |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| NAME  | PALLISSERY, JAMES P     | <input type="checkbox"/> |  |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  | 11543 SW 90TH STREET    |                          |  |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   | MIAMI, FL 33176         |                          |  |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| TITLE   | STD                     |                          |  |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| NAME  | PALLISSERY, LEENA JAMES | <input type="checkbox"/> |  |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  | 11543 SW 90TH STREET    |                          |  |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   | MIAMI, FL 33176         |                          |  |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| TITLE   |                         | <input type="checkbox"/> |  |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| NAME  |                         |                          |  |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |                         |                          |  |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |                         |                          |  |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| TITLE   |                         | <input type="checkbox"/> |  |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| NAME  |                         |                          |  |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |                         |                          |  |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |                         |                          |  |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| TITLE   |                         | <input type="checkbox"/> |  |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| NAME  |                         |                          |  |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |                         |                          |  |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |                         |                          |  |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| TITLE   | NAME                    | Change                   |  |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| NAME  |                         | <input type="checkbox"/> |  |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |                         |                          |  |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |                         |                          |  |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| TITLE   |                         | <input type="checkbox"/> |  |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| NAME  |                         |                          |  |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |                         |                          |  |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |                         |                          |  |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| TITLE   |                         | <input type="checkbox"/> |  |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| NAME  |                         |                          |  |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |                         |                          |  |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |                         |                          |  |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| TITLE   |                         | <input type="checkbox"/> |  |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| NAME  |                         |                          |  |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |                         |                          |  |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| 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.   |                         |                          |  |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| <div style="display: flex; justify-content: space-between;"> <div> <b>SIGNATURE:</b> <u>JAMES PALLISSERY</u><br/> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div> <u>02/24/05</u><br/> <small>Date</small> </div> <div> <u>786 205 3166</u><br/> <small>Daytime Phone #</small> </div> </div>  |                         |                          |  |     |  |       |      |        |      |                     |                          |                |                      |  |             |                 |  |       |     |  |      |                         |                          |                |                      |  |             |                 |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |

66014738



01262005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1546410** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**FL** Zip Code