## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 09, 2007 08:00 AM Secretary of State

	ANNUAL	KEPUKI	···	1	S	ecretary of Sta
	MENT # P040001210			50	Ciciaiy di Sta	
1. Entity Nam	GEMS USA, INC.		!			
GEODAL	CEMO COA, MO.					
Principal Plac	e of Business	Mailing Address		1		
11543 SW 90TH STREET 11543 SW 90TH STREET				<b> </b>		
MIAMI, FL 3	3176	MIAMI, FL 33176				
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l .	Land Committee and the second of		. 35 . 5	01052007	No Chg-P	CR2E034 (11/05)
	O NOT WRITE	IN THIS SPA	CE, "	4. FEI Numbi		Applied For
<b>\</b>	and the second and the getter.	Sales St. Same Bles	and the property of	20-154		Not Applicable  \$8.75 Additional
	, the state of the		and the first	5. Certificate	of Status Desired	Fee Required
	6. Name and Address of Current Re	gistered Agent	3.43			en e
PALLISSERY, JAMES P			4 4 4 4 4 4	חח	NOT W	RITE ***
11543 SW 90TH STREET MIAMI, FL 33176			F			
			Janes on a		THIS SP	
}			1 (2.55)	ation of the second	and the second of the second	g to see the second
8. The above	e named entity submits this statement for t	he purpose of changing its register	ed office or registe	red agent, or bo	th, in the State of Flo	rida. I am famíliar with, and accept
li ie obliga	iions or registered agent.					
SIGNATURE.	Signature, typed or printed name of registered agent an	d title if applicable (NOTE: Registere	nd Agent signature require	d when reinstating)		DATE
	E NOWIN FEE 18 \$450.00	9. Election Campaign Final	ncina \$5	.00 May Be	000000	C20040
After M	.E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	- 1 - L - LL - T - L		led to Fees	02/19/07-	80017-019 150.00
10.	OFFICERS AND D	RECTORS	tai.	· Branch		The Marine Control of the Control
TITLE NAME	PD PALLISSERY, JAMES P				a cana fire	
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NAME			St. S. S. Jan.	IN 3	THIS SF	PACE
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CITY-ST-ZIP			P. 7.1	The state of the s	e de la companya de La companya de la co	have the physical in
TITLE	1		•	** *		and the second of the second o

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:

NAME STREET ADDRESS CITY-ST-ZIP

TAMES PALLISSERY
HATTHE AND TYPED OF PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

1/27/07

Daytime Phone #