## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000169073

Entity Name: GEM INVESTMENTS OF PORT ST. LUCIE, INC.

FILED Jan 11, 2008 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business:	New Principal Place of Business:
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1090 SW BAYSHORE BLVD. 1091 SW BAYSHORE BLVD. PORT ST. LUCIE, FL 34983 PORT ST. LUCIE, FL 34983

**Current Mailing Address: New Mailing Address:** 

1090 SW BAYSHORE BLVD. 5475 NW ST JAMES DR PORT ST. LUCIE, FL 34983 PORT ST. LUCIE, FL 34983

FEI Number: 05-0613534 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BARBER, SUSAN BARBER, SUSAN 1090 SW BAYSHORE BLVD. 1091 SW BAYSHORE BLVD. US PORT ST. LUCIE, FL 34983 US PORT ST. LUCIE, FL 34983

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.

SIGNATURE: 01/11/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

( ) Delete Title:

Title: (X) Change ( ) Addition BARBER, SUSAN BARBER, SUSAN Name: Name: 1090 SW BAYSHORE BLVD. Address: 1091 SW BAYSHORE BLVD. Address: City-St-Zip: PORT ST. LUCIE, FL 34983 City-St-Zip: PORT ST. LUCIE, FL 34983

( ) Delete Title: Title: (X) Change ( ) Addition

BENINATI, LOUIS Name: BENINATI, LOUIS Name:

1090 SW BAYSHORE BLVD. Address: 1091 SW BAYSHORE BLVD. Address: PORT ST. LUCIE, FL 34983 PORT ST. LUCIE, FL 34983 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN BARBER **PRES** 01/11/2008