2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000111075

1. Entity Name
GEMINATED ENTERPRISE INC

FILED

Feb 27, 2007 8:00 am Secretary of State
02-27-2007 90004 005 ***150.00

Principal Place		Mailing Address	· ·				40025346						
11107 ELMF Tampa, FL 3		11107 ELMFIELD DRIVE TAMPA, FL 33625							10				
						101 JA 01	IIIO OSMI DOIN COIN ADV	RI 11881 11881	as in (888) 6 %	INTO 27 (INT)			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address											
Suite, Apt. #, etc.		Suite, Apt. #, etc.			021120	2112007 Chg-P CR2E034 (12/06)							
City & State	3	City & State			4. FEI Nu	ımber	0-545	2450	Ap _i No	plied For Applicable			
Zìp	Country ,	Zip	itry	5. Certifi		Status Desired	\$	8.75 Add ee Required	itional				
	6. Name and Address of Current				7. Name	7. Name and Address of New Registered Agent							
BOZAN, LATDAVANH N				Name									
	MFIELD DRIVE		Street Address (P.O. Box Number is Not Acceptable)										
TAMPA, FI	L 33625												
_		City				_		FL	Zip Code	•			
8. The above	named entity submits this statement fo	r the purpose of changing its r	register	ed office or re	gistered agent, d	or both	in the State of Flo		I. Imiliar with,	and accept			
the obligat	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_		, <u></u>											
,	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registere	d Agent signature #	equired when reinstatin	- T		DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaig Trust Fund Contri	-		\$5.00 May B Added to Fees	e							
10.	OFFICERS AND	DIRECTORS	11.		ADDITIO	DNS/C	HANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11			
TITLE				E					☐ Change	Addition			
NAME	•			-						į			
STREET ADDRESS 11107 ELMFIELD DRIVE CITY-ST-ZIP TAMPA, FL 33625				EET ADDRESS '-ST-ZIP									
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NAME CYPEET ADDRESS			NAN										
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS Y-SI-ZIP									
12. I hereby	certify that the information supplied with	n this filing does not qualify fo	r the ex	emptions con	tained in Chapte	er 119,	Florida Statutes.	I further certi	ly that the i	nformation			
indicatéd	on this report or supplemental report i	s true and accurate and that m	ny signa	sture shall hav	e the same legal	leffect	as if made under	oath; that I a	m an officer	or director			

indicated on this report or supplemental report is true/and abcurate and that my signature shall have the same legal affect as if made under certs; that I am an officer or director of the corporation or the repeiver 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 attay/unjent with an address, with all other like empowered.

GNATURE:

Significant Types or Printed Name of SIGNING OFFICER OR DIRECTOR

Date

Date

Date

SIGNATURE:

Daytime Phone #