

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000010343

1. Entity Name
GEMMS, INC.



Principal Place of Business
**1111 LINCOLN ROAD STE. 400
MIAMI BEACH, FL 33139**

Mailing Address
**1111 LINCOLN ROAD STE. 400
MIAMI BEACH, FL 33139**

FILED
Jan 12, 2006 08:00 AM
Secretary of State



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0556563

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOWARD, EUGENE J
1111 LINCOLN ROAD STE. 400
MIAMI BEACH, FL 33139**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOWARD, EUGENE J
STREET ADDRESS	1111 LINCOLN RD SUITE 400
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	VD
NAME	WEINBERG, SCOTT J
STREET ADDRESS	1111 LINCOLN ROAD SUITE 400
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	STD
NAME	WEINBERG, SCOTT J
STREET ADDRESS	1111 LINCOLN ROAD SUITE 400
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000382842
01/12/06-80029-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/06 305 6085550