2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 19, 2008 08:00 A **DOCUMENT # P95000085894** Secretary of State GEM INDUSTRIAL SUPPLY, INC. Mailing Address Principal Place of Business 5040 SW 29TH WAY PO BOX 1433 FT LAUDERDALE, FL 33312 DANIA FL 33004 CR2E034 (11/05) 01162008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0618211 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD DO NOT WRITE 343 ALMERIA AVENUE CORAL GABLES, FL 33134 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME MAERKEL, EUGENE J 000000863150 04/03/08-80080-012 150.00 STREET ADDRESS 5040 SW 29TH WAY FT LAUDERDALE, FL 33312 CJTY-ST-ZIP IIILE NAME DEVITA, CHARLOTTE STREET ADDRESS 5040 SW 29TH WAY FT LAUDERDALE, FL 33312 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 likesempowered.

G OFFICER OR DIRECTOR

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SIGNATURE

STREET ADDRESS CITY-ST-ZIP