

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90034 049 ***150.00

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1. Entity Name

KIRA-MICHAEL-GEMS, INC.



Principal Place of Business

485 SPINAKE
WESTON FL 33326

Mailing Address

17105-A6183 SAN CARLOS BLVD
FT MYERS BCH FL 33931

J4U43706

2. Principal Place of Business

1655 N. HERMITAGE RD.

3. Mailing Address

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

FT. MYERS FL

City & State

City & State

4. FEI Number

65-0729895

Applied For

Not Applicable

Zip

33919

Country

LEE

Zip

Zip

Country

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SONIN-DWORKIN, KIRA
485 SPINAKE
WESTON FL 33326

7. Name and Address of New Registered Agent

Name SONIN-DWORKIN, KIRA

Street Address (P.O. Box Number is Not Acceptable)

1655 N. HERMITAGE RD.

City FT. MYERS

FL

Zip Code 33919

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

KIRA SONIN-DWORKIN Rue Son-Durb

3/25/04

(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, 2004. Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME DWORKIN, MICHAEL ☐ Delete
STREET ADDRESS 485 SPINAKE
CITY-ST-ZIP WESTON FL 33326

TITLE D
NAME SONIN-DWORKIN, KIRA ☐ Delete
STREET ADDRESS 485 SPINAKE
CITY-ST-ZIP WESTON FL 33326

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME DWORKIN, MICHAEL
STREET ADDRESS 1655 N. HERMITAGE RD
CITY-ST-ZIP FT MYERS FL 33326 33919

TITLE D ☒ Change ☐ Addition
NAME SONIN-DWORKIN, KIRA
STREET ADDRESS 1655 N. HERMITAGE RD.
CITY-ST-ZIP FT. MYERS, FL 33919

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

KIRA SONIN-DWORKIN 3/25/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #