2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State
05-02-2008 90144 001 ***150.00

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1. Entity Name
GEM GLOBAL INTERNATIONAL, INC.

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04252008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
6251 PARK OF COMMERCE BLVD SUITE B BOCA RATON, FL 33487-8232 US	6251 PARK OF COMMERCE BLVD SUITE B BOCA RATON, FL 33487-8232 US
2. Principal Place of Business - No P.O. Box # 11571 BIG SKY CT.	3. Mailing Address 11571 BIG SKY CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State BOCA RATON, FL	City & State BOCA RATON, FL
Zip 33498 Country USA	Zip 33498 Country USA

4. FEI Number 65-0760824 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEVINE, CPA, BRAHM D 500 S. AUSTRALIAN AVE. SUITE 610 WEST PALM BEACH, FL 33401-6237	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VTD	☐ Delete	TITLE	☑ Change ☐ Addition
NAME	MOSCOVITCH, RONALD		NAME	
STREET ADDRESS	6251 PK OF COMMERCE BLVD, STE B		STREET ADDRESS	11571 BIG SKY CT.
CITY-ST-ZIP	BOCA RATON, FL 334878232		CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	PSD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHOCRON, GABRIEL		NAME	
STREET ADDRESS	6251 PK OF COMMERCE BLVD, STE B		STREET ADDRESS	3358 NW 53rd CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 334878232		CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: ______________________ APR. 28/08 561-716-8714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #