

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2008 8:00 am**  
**Secretary of State**

09-08-2008 90003 026 \*\*\*150.00

|                                                |                                                                                   |
|------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P98000069977</b>                 |  |
| 1. Entity Name<br><b>SAM NISSIM GEMS, INC.</b> |                                                                                   |

|                                                                                        |                                                                            |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Principal Place of Business<br><b>169 EAST FLAGLER STREET #930<br/>MIAMI, FL 33131</b> | Mailing Address<br><b>169 EAST FLAGLER STREET #930<br/>MIAMI, FL 33131</b> |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|

|                                                                           |                                               |
|---------------------------------------------------------------------------|-----------------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br><b>900 S. Miami Ave</b> | 3. Mailing Address<br><b>900 S. Miami Ave</b> |
| Suite, Apt. #, etc.<br><b>#127</b>                                        | Suite, Apt. #, etc.<br><b>#127</b>            |

|                                  |                                  |
|----------------------------------|----------------------------------|
| City & State<br><b>Miami, FL</b> | City & State<br><b>Miami, FL</b> |
| Zip<br><b>33130</b>              | Zip<br><b>33130</b>              |
| Country<br><b>US</b>             | Country<br><b>US</b>             |



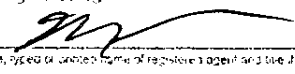
09032008 Chg-P CR2E034 (12/06)

|                                                                                                                            |  |
|----------------------------------------------------------------------------------------------------------------------------|--|
| 8. Name and Address of Current Registered Agent<br><b>NISSIM, SAM<br/>169 EAST FLAGLER STREET #930<br/>MIAMI, FL 33131</b> |  |
|----------------------------------------------------------------------------------------------------------------------------|--|

|                                                           |                                         |
|-----------------------------------------------------------|-----------------------------------------|
| 4. FEI Number<br><b>65-0904557</b>                        | Applied For<br><input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required   |

|                                                    |          |
|----------------------------------------------------|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name                                               |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City                                               | 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:  **9/1/08**  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent's signature required after renewal.)

|                                                                  |                                                                                    |                                       |                                                                                                 |
|------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 12, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00</b> May Be<br>Added to Fees | In accordance with s. 607.193(2)(b), F.S., the<br>corporation did not receive the prior notice. |
|------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                               | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>NISSIM, SAM<br/>169 EAST FLAGLER STREET #930<br/>MIAMI, FL 33131</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  **Sam Nissim 9/1/08 305 381 7711**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date