

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S50907

FILED
Jun 29, 2005
Secretary of State

Entity Name: GEMINI ASSOCIATES OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

254 SW 12TH AVE
DEERFIELD BCH, FL 33442

New Principal Place of Business:

Current Mailing Address:

254 SW 12TH AVE
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 65-0258889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SIDMAN, SCOTT
18046 CLEAR BROOK CIRCLE
BOCA RATON, FL 33498 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SIDMAN SCOTT,
Address: 18046 CLEAR BROOK CIR
City-St-Zip: BOCA RATON, FL 33498

Title: VD () Delete
Name: FURLAN PAUL,
Address: 11224 57TH ROAD N
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: T () Delete
Name: GUTIERREZ JOSE,
Address: 2323 NW 184TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: S () Delete
Name: SIDMAN EVELYN,
Address: 22633 CARAVELLE CIRCLE
City-St-Zip: BOCA RATON, FL 33481

Title: D () Delete
Name: SIDMAN JOSEPH,
Address: 22633 CARAVELLE CIRCLE
City-St-Zip: BOCA RATON, FL 33481

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE GUTIERREZ

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06/29/2005

Electronic Signature of Signing Officer or Director

Date