FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVEL AND FILED

DOCUMENT# M 43533 05 MAR 14-PH 2: 21 Pedro Daruna Tewelry, Inc. SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE REINSTATEMENT 04-05 2. Principal Place of Business 7440 SW 485ナ・ DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Apolied For ity & State -2748625 njami Country \$8.75 Additional 33153 5. Certificate of Status Desired Fee Required 7. Narrye and Address of Current Registered Agent Daruna DO NOT WRITE IN THIS SPACE City FL 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. SIGNATURE. Signature, typed or printed name of registered agent and titlo if applicable (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 Amended UBR is \$61.25 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. CR2E034B (12/01) TITLE 300049338493 03/29/05--01016--003 **150.00 Pedo 74th Ave Darunan NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Daruna NAME 300049338493 03/29/05--01016--004 **150.00 NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE TITLE NAME as the following the following the second of the second distribution of the second distribution of the second STREET ADDRESS STREET ADDRESS DO NOT WRITE CiTY-ST-ZIP CITY-ST-ZIP TITLE TITI F IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 11 or on an attachment with an address, with all other like empowered.

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

292

PEDRO DARUNA JEWELRY, INC. 7440 SW 48 Street Miami, Florida 33155

Wednesday, March 09, 2005

Florida Department of State Divisions of Corporations Annual Report P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

We are writing to request a waiver on the penalties for filing the 2004 annual report late. We never received any notice from your department for the annual report for 2004 or 2005. We only found out that there was a problem when our accountant inquired if we had sent in our annual report. In their quest to obtain the 2005 annual report for us, they discovered that our company was inactive.

We are enclosing the reports for 2004 and 2005 along with the \$150.00 for each report required.

Thank you for your assistance with this matter.

Sincerely,

Pedro Daruna President