FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

May 05, 2003 8:00 am § Secretary of State DOCUMENT # P02000069357 05-05-2003 90390 025 ***150.00 1. Entity Name DESIGN JEWELRY, INC. Mailing Address Principal Place of Business 11000010 4503 LIGUSTRUM WAY 4503 LIGUSTRUM WAY ORLANDO FL 32839 ORLANDO FL 32839 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 02.0628322 Not Applicable Zip 7in Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALOMAR, JOSE A Street Address (P.O. Box Number is Not Acceptable) 4503 LIGUSTRUM WAY ORLANDO FL 32839 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Defete TITLE ☐ Addition TITLE Change ALOMAR, JOSE A NAME NAME 4503 LIGUSTRUM WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32839 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ALOMAR, MARIA V NAME STREET ADDRESS STREET ADDRESS 4503 LIGUSTRUM WAY City=si-7iP= City-St-7ip ORLANDO FL 32839 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

☐ Delete

☐ Delete

Daytime Phone #

Change

☐ Addition

☐ Addition