2005 FOR PROFIT CORPORATION

Apr 06, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # 675394** 04-06-2005 90119 018 ***150.00 1. Entity Name ITALIAN JEWELRY, INC. Principal Place of Business Mailing Address 36 N.E. 1ST STREET, STE 120 36 N.E. 1ST STREET, STE 120 MIAMI, FL 33132 MIAMI, FL 33132 No Chg-P 02242005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2018801 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HERNANDEZ, MIGUEL DO NOT WRITE 36 N.E. 1ST STREET 570 # 120 MIAMI, FL 33132 IN THIS SPACE 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. THILE HERNANDEZ, MIGUEL NAME STREET ADORESS 36 N.E. 1ST STREET, STE 120 CITY-ST-ZIP MIAMI, FL 33132 TITLE NAME HERNANDEZ, MARIA C. STREET ADDRESS 36 N.E. 1ST STREET, STE 120 CITY-ST-ZIP MIAMI, FL 33132 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 attackment with an address, with all other like empowered.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

*305-*374-2939

FILED