Amended UBR 200211 FOR PROFIT CORPORATION

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DOCUMENT # L65861					FILED			
1. Entity Name Italian Jewelry Shop, Inc.								
					02 JUN -3 PH 2: 18			
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DO NOT WRITE IN THIS SPACE					ŤΑ	LLAHAŠS	Í CE STATE EE, FLORIÐA	
	WIND TWEET		PAC)	j			
2. Principal Place of	Principal Place of Business 3. Mailing Address							
12960 NW	NW 23rd Street							
Suite, Apt. #. etc.	e. Apt. #. etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State Pembroke	nbroke Pines, FL City & State				4. FEI Number 65~01922	280	Applied For Not Applicable	
³ 33028	Country	Zip	Coun	itry	5. Certificate of Status Desired		75 Additional	
		Taplas Pick Recip	Li artici		7:=Name:and-Address:of:Current:			
Name					i, Dong Si			
					P.O. Box Number is Not Acceptable)			
IN THIS SPACE				3161	3161 W. Oakland Park Blvd #525			
				Ft. Lauderdale FL 33311				
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 Ø		soff of		 '		1-/30/	62	
	s. typed or printed name of registered agent	and late if a chicable. (NO	TE. Registered	1 Ageni signature required s	when coloratateng)	DATE		
	s eligible to satisfy its Intangible	January 1	Vay 1 Fe	e is \$150.00 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	10. Election Campaign Fina	acion	25.00	
Tax filing requiren (See criteria on ba	ment and elects to do so. ack)	d laws used by Amende	d UBR i	\$61:25	Trust Fund Contribution	<u> </u>	\$5.00 May Be Added to Fees	
11.	· OFFICERS AND	Make Check Paya DIRECTORS	pie to ine	partment of State				
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	Gi, Dong Si 12960 NW 23rd Street			T ADDRESS				
14	mbroke Pines,	reet FL 33028	25 1127	ST ZIPA			F 18	
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CITY+ST-ZIP			CUA	FTS UMB 48 LIPES		ruere		
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NAME STREET ADDRESS			NAME	ADDRESS				
CHY+\$1+ZIP			CITY-	2000年中央第二日本本学的企业	DO NOT V	NRITE		
TITLE			#TITLE:		PRACTICAL MEDICAL PROPERTY CONTRACTOR CONTRA	4.50		
NAME			NAME		: IN THIS S	FACE		
STREET ADDRESS CITY+ST-ZIP			PE-186.2	ADDRESS F				
TITLE			ante.	TOTAL MERCEN AND A TREE A CHARLE				
NAME	•		NAME					
STREET ADDRESS CITY - ST - ZIP		TQ	Sal. 12-16-64	ADDRESS A	The state of the s			
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NAME			VNAME.	建设 标道		#S		
STREET ADDRESS			100 A	ADDRESS				
CRY-ST-ZIP	at the information available with	this filing door and available	CITY-S	nas, o posa pascina in terri	regardens var die			
13. Thereby 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 or 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 graph 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.								
attachment with an address, with all other like empowered.								
SIGNATURE: S/30/62								
SIGNAL DIVE	SIGNATURE AND TYPED OR PB	ATED NAME OF SIGNING OFFICER	OR DIRECTO	(Date	Davime Pne	age 4	

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ACCOUNT NO.

072100000032

REFERENCE

716

AUTHORIZATION

COST LIMIT

ORDER DATE: June 3, 2002

ORDER TIME : 10:11 AM

ORDER NO. : 605777-005

CUSTOMER NO: 7160791

CUSTOMER: Ms. Sandy Cho

Sandy Cho, CPA

Suite 19

2750 N.w. 3rd Avenue

Miami, FL 33127

O2 JUN -3 PN 2: 0
DEPARTMENT OF STATE
DIVISION OF CORPORATE

AMENDED ANNUAL REPORT FILING

NAME: ITALIAN JEWELRY SHOP, INC.

XX ANNUAL REPORT/AMENDED

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX PROOF OF FILING

CONTACT PERSON: Ginger Simmons-EXT#1139

EXAMINER'S INITIALS: