May 15, 2002 8:00 am Secretary of State  OS-15-2002 90155 920 ***15.0.00  Firm De Block of Business OR ADROM WAY AFT 98 PO BOX 601 PALM MARBOR R, 3469  PALM MARBOR R, 3469  Sale Apt & Sec.  Sal	200	2 UNI	FORM B	USI	NESS REPO	R)			FILE					
AMAZON GEMS INC  OS.15.2002 90155 020 ***150.00  Pirrepat Peac of Business  OX REPORM WAY APT 919  PAUM HARBOR R, 19884  PAUM HARBOR	DOCU	_						May 15 Secret	5, 200 tary <i>i</i>	)2 8: of St	00 an	1		
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Sure, Act #, 800.  Sure, Act #,	2 Principal F	Place of Rusin	000		3 Mailing Address									
S. Name and Address of Current Registered Agent   S. Name and Address of New Registered Agent   S. Name and Address of Current Registered Agent   S. Name and Address of New Registered Name and Address of New Registered Agent   S. Name and Address of New Registered Agent   S. Name and Address of New Registered Agent   S. Name and Address of New Registered Name and Address of New Registered Agent   S. Name and Address of New Registered Agent   S. Name and Address of New Registered Agent   S. Name and Address of New Registered Pagent, or Name and Address of New Registered Agent   S. Name and Address of Name an	4429	P.O. Box 5	510-	10763			DO NOT WRITE IN THIS SPACE							
S. Name and Address of Current Registered Agent  PINHERO, FERNANDO C  Stress Address (P.O. Box Number Is Not Acceptable)  Stress Address (P.O. Box Number Is N			HAFEDE	FL		Ad	FL		4. FEI	Number <b>59-367173</b>	6			
PINHERO, FERNANDO C 80 KENDRA WAY APT 919 PALM HARBOR FL 34684  ##29 CANNYAS ME  CIVILIAN CONTROL FL 32380  8. Tge above named entity submits this statement fguide outprove of changing its registered optic or registered agent, or both, in the State of Florida.  ##29 CANNYAS ME  CIVILIAN CONTROL FL 32380  8. Tge above named entity submits this statement fguide outprove of changing its registered agent, or both, in the State of Florida.  ##29 CANNYAS ME  CIVILIAN CONTROL FL 32380  9. This corporation is eligible to satisfy its Interrigible Tax filter requirement and elects to do so.  After May 1, 2002 Fee will be \$550.00  After May 1, 2			_VSA	Current Ro	33451							Fee Requir		
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  LH29 ChryyAFD NE  CIVE ChryAFD NE  CIVE ChryAFD NE  CIVE ChryAFD NE  CIVE ChryAFD NE  SignATURE  Sequent, tode of prime area of injections against and line is seption.  SignATURE  Sequent, tode of prime better of rejections against and line is seption.  SignATURE  Sequent, tode of prime better of rejections against and line is seption.  Sequent tode of prime better of rejections against and line is seption.  Sequent tode of prime better of rejections against a sequent.  Sequent tode of prime better of rejections against and line is seption.  Sequent tode of prime better of rejections against a sequent and line is seption.  Sequent tode of prime better of rejections against and line is sequent							≃Name=							æ
PALM HARBOR FL 34684  4429 CARNYMO NVE CHYPTOTIC FL 2D Code CHARLOTTE FL 2D Code 33880  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, together or or signature agent and title if application.  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  10. Election Campaign Financing Trust Fund Contribution.  9. This corporation is eligible to satisfy its Intangible Addition After May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  THE NAME PINHERO, FERNANDO C STRET ADDRESS OTY-ST-2P PALM HARBOR FL 34684  THE NAME STRET ADDRESS OTY-ST-2P PALM HARBOR FL 34684  THE NAME STRET ADDRESS OTY-ST-2P PALM HARBOR FL 34684  THE NAME STRET ADDRESS OTY-ST-2P THE INTER-TADRESS OTY-ST-2P THE NAME STRET ADDRESS OTY-ST-2P THE INTER-TADRESS OTY-ST							Street A	ddress (P.	O. Box	Number is Not Acceptat		<u>3</u> :		
6. The above named entity submits this statement (pulse-outgoes of changing its registered diffice or registered agent, or bits, in the State of Florida.  SIGNATURE  Signature, Specific period care of registered septement agent, and the facilities of the state of Florida.  SIGNATURE  Signature, Specific period care of registered septement agent and the facilities.  FILE NOW!! FEE IS \$150.00  After May 1, 2002 Fee will bis \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INME  PINHERO, FERNANDO C  SIRET ADDRESS  OTF-ST-2P  PALM HARBOR FL 34684  THE  V  PINHERO, DURVAL C  SIRET ADDRESS  OTF-ST-2P  PALM HARBOR FL 34684  THE  NAME  SIRET ADDRESS  OTF-ST-2P  PALM HARBOR FL 34684  THE  NAME  SIRET ADDRESS  OTF-ST-2P  PALM HARBOR FL 34684  THE  NAME  SIRET ADDRESS  OTF-ST-2P  THE							441	79 C	-A-V	·/ACT A				
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.  SIGNATURE    1									~ <u>~~</u>	CHARTOLLE	<u> </u>	Zip Coo	de	•
SIGNATURE    Signature, typed or primal name of registeror appent and title if aspication. (NOTE: Registeror Appent algorithms of Appent algorithms of Appent appended Appent algorithms of Appendix o	R The above	named entit	eubmite this state	ement for t	be surpose of changing its	rogietor	nd office or	registered	d agont	t or both in the State of 6		·   33	<u>180</u>	
Signature, typed or britised name of registered agent and tills it application. (HOTE: Registered Aport Signature recatating)  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.  After May 1, 2002 Fee will be \$550.00  TITLE  AMME  STREET ADDRESS  CITY-ST-2IP  Addition  TITLE  AMME  STREET ADDRESS  CITY-ST-2IP  Addition  After Addition	o. The above	Tial Ted entity	<u>r su</u> brillis tills state		As partiose of Changing its	Colline	i ;	$\Lambda$	)	, or boin, in the state of t	iorida.	: :_ <i>i</i> _		1
Tax filing requirement and elects to do so. (See criteria on back)  After May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  PINHEIRO, FERNANDO C  SINCET ADDRESS  OTF-ST-ZP  PALM HARBOR FL 34684  TITLE  NAME  PINHEIRO, DURVAL C  SINCET ADDRESS  OTF-ST-ZP  PALM HARBOR FL 34684  TITLE  NAME  STREET ADDRESS  OTF-ST-ZP  PALM HARBOR FL 34684  TITLE  NAME  STREET ADDRESS  OTF-ST-ZP  PALM HARBOR FL 34684  TITLE  NAME  STREET ADDRESS  OTF-ST-ZP  PALM HARBOR FL 34684  TITLE  NAME  STREET ADDRESS  OTF-ST-ZP  PALM HARBOR FL 34684  TITLE  NAME  STREET ADDRESS  OTF-ST-ZP  TITLE  OTF-	SIGNATURE	Signature, typed	Unitie (Kerne)  Or printed name of registe	ared agent and	d title if applicable. (NOT	E: Régistere	d Agent signate	re required wh			DATE	24/o	2	]
Tax filing requirement and elects to do so. (See criteria on back)    After May 1, 2002 Fee will be \$550.00   Trust Fund Contribution   Added to Fees	9. This corpo	oration is eligi	ble to satisfy its In	tangible	FILE NOW	!!! FEE	IS \$150.0	00		40.00	<del></del>	<u> </u>		]
TILE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE PRINTER ADDRESS OR KENDRA WAY APT 919  FINHEIRO, FERNANDO C 80 KENDRA WAY APT 919  FALM HARBOR FL 34684  CITY-ST-ZIP  PINHEIRO, DURVAL C 80 KENDRA WAY APT 919  FINHEIRO, DURVAL C 80 KENDRA WAY APT 919  FINHE	Tax filing requirement and elects to do so. After May 1, 2002									, .	_			
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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							,					<u> </u>		
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 Block 12 if changed, or on an attachment with an address, with all piner like empowered.	indicated	on this report	or supplemental	report is tr	ue and accurate and that n	ny signat	ure shall ha	ave the sar	me lea:	al effect as if made unde	r oath; that I a	ım'an office:	or director	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR