FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91766 007 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000093876

90128544

1. Entity Name
FRENCH RIVIERA COLORS, INC.

Principal Place of Business	Mailing Address
4421 SW 75TH AVENUE #16 02 MIAMI, FL 33156	4421 SW 75TH AVENUE #16 02 MIAMI, FL 33156

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5920 SW 32nd Street	5920 SW 32nd Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33155 Country	Zip: 33155 Country

4. FEI Number 65-1050309 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MISCIOSCIA, CHRISTOPHE 4421 SW 75 AVE #16 MIAMI, FL 33156	Name: Miscioscia christophe Street Address (P.O. Box Number is Not Acceptable): 5920 SW 32 nd street City: MIAMI FL Zip Code 33155

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MISCIOSCIA, CHRISTOPHE 4421 SW 75 AVE #16 MIAMI, FL 33155	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President christophe MisciosciA 5920 SW 32 nd street MIAMI FL 33155	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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 an address, with all other like empowered.

SIGNATURE: [signature] 04/28/03 (305) 740 7955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #