2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000102654

Entity Name: MIAMI JEWELRY EXCHANGE CORPORATION

FILED Aug 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

22 NE 1ST ST 26 NE 1ST ST SUITE 123 MIAMI, FL 33132 MIAMI, FL 33132

Current Mailing Address: New Mailing Address:

55 NE 1ST. STREET, #12 26 NE 1ST. STREET, MIAMI, FL 33132 MIAMI, FL 33132

FEI Number: 65-1055269 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AMINOV, ABRAM
55 NE 1ST. STREET, #12
MIAMI, FL 33132

AMINOV, ABRAM
26 NE 1ST. STREET
MIAMI, FL 33132

US

AMINOV, ABRAM
26 NE 1ST. STREET
MIAMI, FL 33132

US

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: ABRAM AMINOV 08/20/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

 Title:
 DP
 () Delete

 Name:
 AMINOV, ABRAM

 Address:
 55 NE 1ST ST., SUITE 12

 City-St-Zip:
 MIAMI, FL 33132

 Title:
 DT
 () Delete

 Name:
 AMINOV, GEORGE

 Address:
 55 NE 1ST ST., SUITE 12

 City-St-Zip:
 MIAMI, FL 33132

 Title:
 DS
 () Delete

 Name:
 AMINOV, MANI

 Address:
 55 NE 1ST ST., SUITE 12

 City-St-Zip:
 MIAMI, FL 33132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: AMINOV, ABRAM
Address: 26 NE 1ST ST.
City-St-Zip: MIAMI, FL 33132

Title: DT (X) Change () Addition

Name: AMINOV, GEORGE Address: 26 NE 1ST ST City-St-Zip: MIAMI, FL 33132

Title: DS (X) Change () Addition

Name: AMINOV, MANI Address: 26 NE 1ST ST. City-St-Zip: MIAMI, FL 33132

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ABRAM AMINOV DP 08/20/2009