


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90232 029 \*\*\*150.00

CUBR0301

<b>DOCUMENT # P01000023772</b> 1. Entity-Name <b>STHELLA GEMS COLLECTION, INC.</b>	
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Principal Place of Business <b>15640 SW 80TH STREET</b> <b>302</b> <b>MIAMI FL 33193</b>	Mailing Address <b>15640 SW 80TH STREET</b> <b>302</b> <b>MIAMI FL 33193</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-1105608</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

CHECK HERE IF MAKING CHANGES--

<b>6. Name and Address of Current Registered Agent</b> <b>TORRES, HIGINIO</b> <b>2961 S.W. 15TH ST.</b> <b>MIAMI FL 33145</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ (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 <b>PD</b>	NAME <b>MARTINEZ, ESTELA</b>	TITLE	NAME
STREET ADDRESS <b>15640 SW 80TH STREET, #302</b>	CITY-ST-ZIP <b>MIAMI FL 33193</b>	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP	MIAMI FL 33193	CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE <b>VD</b>	NAME <b>MARTINEZ, LUCRECIA I</b>	TITLE	NAME
STREET ADDRESS <b>15640 SW 80TH STREET, #302</b>	CITY-ST-ZIP <b>MIAMI FL 33193</b>	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP	MIAMI FL 33193	CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change
<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change
<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change
<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Estela Martinez* **REQUIRED** 04/29/03 (305) 877 4687

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)