2003 FOR PROFIT CORPORATION

Jan 28, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State P02000005078 DOCUMENT # 01-28-2003 90068 043 ***150.00 1. Entity Name VALERI JEWELERS, INC. Principal Place of Business Mailing Address 11260 BEACH BLVD. 11260 BEACH BLVD. JACKSONVILLE FL 32246 JACKSONVILLE FL 32246 2. Principal Place of Business 11260 BEACH 3. Mailing Address 11260 BEACH BLVD BLVD Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES JACK SONVILLE Applied For City & State 4. FEI Number 80-003192 A-CKSONVIUE Not Applicable 32246 Country \$8.75 Additional 5. Certificate of Status Desired 322<u>46</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KHODYUKOVA, GALINA Street Address (P.O. Box Number is Not Acceptable) 11260 BEACH BLVD. JACKSONVILLE FL 32246 City Zip Code 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 GALINA KhodvukoJA 01.22.03 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered abent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11, TITLE ☐ Delete TITLE ☐ Change ☐ Addition KHODYUKOVA, GALINA NAME NAME STREET ADDRESS 11260 BEACH BLVD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL 32246 ☐ Change TITLE Delete TITLE Addition NAME KHODYUKOV. VALERIY NAME STREET ADDRESS STREET ADDRESS 11260 BEACH BLVD CITY-ST-7IF CITY-ST-ZIP JACKSONVILLE FL 32246 Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

CR2E034 (10/02)