2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000051241

Entity Name: GIAMCARLOS JEWELRY, INC.

FILED Mar 18, 2008 Secretary of State

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

851 BLUEBIRD AVENUE 671 SWAN AVE

MIAMI SPRINGS, FL 33166 MIAMI SPRINGS, FL 33166 US US

Current Mailing Address: New Mailing Address:

851 BLUEBIRD AVENUE 671 SWAN AVE

MIAMI SPRINGS, FL 33166 US MIAMI SPRINGS, FL 33166 US

FEI Number: 83-0362585 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:

FERREIRA, JOAO CARLOS CRUZ, ANGELICA SD 851 BLUEBIRD AVENUE 671 SWAN AVE

MIAMI SPRINGS, FL 33166 US MIAMI SPRINGS, FL 33136 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: ANGELICA CRUZ, SD 03/18/2008

> 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete (X) Change () Addition FERREIRA, JOAO CARLOS FERREIRA, JOAO CARLOS PT Name: Name:

851 BLUEBIRD AVENUE 671 SWAN AVE Address: Address:

City-St-Zip: MIAMI SPRINGS, FL 33166 US City-St-Zip: MIAMI SPRINGS, FL 33166 US

Title: Title: SD (X) Change () Addition () Delete CRUZ, ANGELICA SD Name: CRUZ, FLOR A Name:

851 BLUEBIRD AVENUE 671 SWAN AVE Address: Address:

MIAMI SPRINGS, FL 33166 MIAMI SPRINGS, FL 33136 US City-St-Zip: City-St-Zip:

Title: () Delete Title: RD () Change (X) Addition

TICLLA, ANTONIETA RD Name: Name: 671 SWAN AVE Address Address:

City-St-Zip: City-St-Zip: MIAMI SPRINGS, FL 33166 US

Title: () Delete Title: RD () Change (X) Addition

CRUZ, DAVID RD Name: Name: Address: Address: 671 SWAN AVE

City-St-Zip: City-St-Zip: MIAMI SPRINGS, FL 33166 US

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: ANGELICA CRUZ, SD SD 03/18/2008