2004 FOR PROFIT CORPORATION

Aug 20, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P03000072823 08-20-2004 90008 019 ***150.00 THE CURIOSITY SHOP OF MIAMI, INC. Mailing Address Principal Place of Business 20 ISLAND AVE STE 317 20 ISLAND AVE STE 317 MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 5、少数积熟的是 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07072004 CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 77-0603640 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired -6:-Name and Address of Current Registered Agent. --- Name and Address of New Registered Agent ANILLO, ALEJANDRO A Street Address (P.O. Box Number is Not Acceptable) 20 ISLAND AVE STE 317 MIAMI BEACH, FL 33139 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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when rainstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the П Trust Fund Contribution. corporation did not receive the prior notice. Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Charide ☐ Addition PTD ☐ Delete TITLE TITLE ANILLO, ALEJANDRO A NAME NAME STREET ADDRESS 20 ISLAND AVE STE 317 STREET ADDRESS MIAMI BEACH, FL 33139 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete ☐ Addition VD TITLE ANILLO, ELVA NAME NAME 20 ISLAND AVE STE 317 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-ZIP TITLE ☐ Addition Delete TITLE DIAZ, CARLOS M NAME NAME STREET ADDRESS 20 ISLAND AVE STE 317 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH, FL 33139 Charige Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 chapter does not attachment with an address with all other like empowered.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

changed, or on an at	tachment with an addre	ess, with all other like empowered.	•
SIGNATURE:	Polia	aul	8-15-04
4.4	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Dale

☐ Delete

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

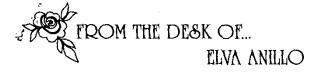
305-867-15 35

☐ Change

Addition

FILED

ATTACHMENT 24080582 P03000072823



AUG. 15-04

TO! FLORIDA DEPT. OF STETE
DIVISION OF CORPORATIONS

FROM: THE CURIOSITY SHOP OF MIAMI
PEIN NUMBER; 77-060 3640

THIS CORPORATION DIO NOT RECEIVED
ANY PRIOR NOTICE

PLA QUILLA ELVA ANILLA VICE-PRESIDENT