

PO40000007282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

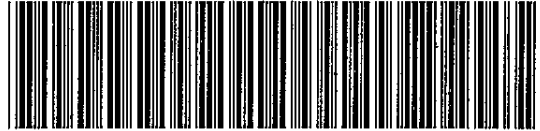
(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MIAMI MEMORIES GIFT SHOP, INC.
(Name of Corporation)

DOCUMENT NUMBER: P04000007282

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA M. GONZALES
(Name of Person)

MIAMI MEMORIES GIFT SHOP, INC.
(Name of Firm/Company)

6706 NW 166 TERRACE
(Address)

MIAMI, FL 33014
(City/State and Zip Code)

For further information concerning this matter, please call:

MARIA M. GONZALES at (305) 822-6060
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35.00 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy
- \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

ARTICLES OF CORRECTION

for

MIAMI MEMORIES GIFT SHOP, INC.
Name of Corporation as currently filed with the Florida Dept. of State

P04000007282
Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These Articles of Correction correct Electronic Articles of Incorporation
(Document Type)

filed with the Department of State on January 9, 2004
(File Date of Document)

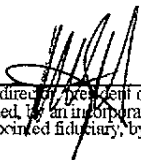
Specify the inaccuracy, incorrect statement, or defect:

Name of the registered agent, _____ and President and Director was stated as
Malena Gonzalez

Correct the inaccuracy, incorrect statement, or defect:

Name of the registered agent, _____ and President and Director should read Maria
Gonzales

FILED
04 JAN 21 AM 9:25
SILVIA J. JARVIS
TALLAHASSEE, FLORIDA


(Signature of a director, officer, agent or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Maria M. Gonzales
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: \$35.00