2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P93000069726 1. Entity Name P & S JEWELRY, INC.							SECRETARY OF STATE DIVISION OF CORPORATE OR MAY 30 AM 8: 5						
Principal Plac 7900 NW 27 MIAMI, FL 3	TH AVE #5		7900 NW	Mailing Address 7900 NW 27TH AVE #506 MIAMI, FL 33147				4700100011	. (P183 tini 86h) 96h) 86	1917 Da nia Biria (10 000 10 1000	
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing	3. Mailing Address									
Suite, Apt.	#, etc.		Suite, Ap	Suite, Apt. #, etc.				05062008	Chg-P	CR2E	34 (12/06)		
City & Stat	е		City & St	City & State				4. FEI Numb 65-044			 +	oplied For ot Applicable	
Zip				Zip Count				5. Certificate of Status Desired					
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent Name						
BYUN, PANG YOUN 960 NAUTICA DRIVE FT. LAUDERDALE, FL 33327						Street Address (P.O. Box Number is Not Acceptable)							
		City			1-0.								
The shows named entity submits this statement for the surgoes of changing its series.							FL						
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 (4) 4) 48 4 454M 5/6/08													
Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE DATE													
Amended AR is \$61.25 9. Etection Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees													
10.		OFFICERS AN	ID DIRECTORS		11.		-		CHANGES TO OF	FICERS AND		\$ IN 11	
NAME STREET ADDRESS CITY-ST-ZIP		ANG Y TICA DRIVE ERDALE, FL 33327		☐ Delete			P /1	. SLD			⊠ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY-	ET ADDRESS ST-ZIP					☐ Change	☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:													

Daytime Phone #