

2006 FOR PROFIT CORPORATION REINSTATEMENT

1082

DOCUMENT # P95000049352 1. Entity Name TOSCO JEWELRY, INC.						FILE 06 NOV -1 20 3:55 SEC TALLAHASSEE, FLORIDA	
Principal Place of Business 36 N.E. 1ST ST., RM 902 MIAMI, FL 33132				Mailing Address 36 N.E. 1ST ST., RM 902 MIAMI, FL 33132			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 65-0598933				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DIAZ, LAZARO R 780 N.W. 42ND AVE., STE 422 MIAMI, FL 33126				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PS <input type="checkbox"/> Delete NAME RODRIGUEZ, LUISA STREET ADDRESS 8217 ABBOT AVENUE., APT 1 CITY-ST-ZIP MIAMI BEACH, FL 33141				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 700081436727 STREET ADDRESS 11/01/06--01048--021 **150.00 CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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: <i>Luisa Rodriguez</i> Pres. 12-26-06 305-442-4344 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							

TOSCO JEWELRY, INC.
36 N.E. 1ST Street, Suite 902
Miami, Florida 33132

2082

Wednesday, October 25, 2006

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Tosco Jewelry Inc
Document # P95000049352

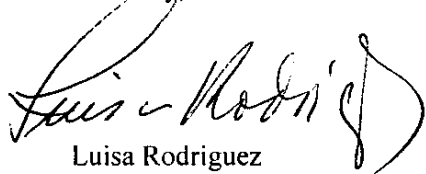
To Whom It May Concern:

We did not receive any notice until now for this report. Please excuse any penalty or late fees, as we were not at fault here.

We are enclosing the Reinstatement Form you indicated, along with the \$150.00 fee you are requesting.

Thank you for your assistance with this matter.

Sincerely,



Luisa Rodriguez
President