2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 04, 2005 8:00 am Secretary of State **DOCUMENT # P97000025272** 1. Entity Name 05-04-2005 90171 027 ***150.00 INTERNATIONAL JEWELRY SCHOOL AND GEMOLOGICAL INSTITUTE, INC. Principal Place of Business Mailing Address 9730 EAST INDIGO STREET 9730 EAST INDIGO STREET 20047674 **MIAMI FL 33157 MIAMI FL 33157** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For City & State 4. FEI Number 65-0737317 Not Applicable Zip Country Zin. Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Ying Huang CASADO, REBECCA 9730 E. JUDIGO Street Address (P.O. Box Number is Not Acceptable) SW 84 AVE MIAMI_FL 33 167 City Miau 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. ed agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** ☐ Delete TITLE TITLE Change Addition CASADO, JOSE A MAME MAME STREET ADDRESS 9730 EAST INDIGO STREET STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33157** CITY-ST-ZIP ☐ Delete TITLE Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete THILE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

FILED