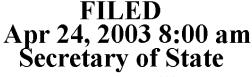
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P97000055738 **DOCUMENT #** 1. Entity Name ANTIQUE JEWELS BY PAULA, INC.



150.00

FILED						
Apr 24, 2003 8:00 am						
Secretary of State						
04.24.2002.00205.020.***1.50.00						

Principal Place of Business 3610 N. 52ND AVE. HOLLYWOOD FL 33021			Mailing Address 3610 N. 52ND AVE. HOLLYWOOD FL 33021				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	
City & State			City & State			4. FEI Number 65-0770057 Applied For Not Applicable	
Zip Co		Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name	and Address of Current	Registered Agent			7. Name and Address of New Registered Agent	
					Name		
3610 N. 5	l, steven 2nd ave.		•		Street Address	ess (P.O. Box Number is Not Acceptable)	
HOLLYWOOD FL 33021							
·					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							
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHIMME 3610 N. 5 HOLLYWO		☐ Delete	•		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	110221110		☐ Delete	TITLE NAME STREE		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	. 🗀 Delete	NAME STREE	ET ADDRESS ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		i i	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		T ADDRESS ST-ZIP	☐ Change ☐ Addition	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-926-1060