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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000062585

1. Entity Name
MARTHAS TRAVELERS BOUTIQUE INC

Principal Place of Business	Mailing Address
~~208 VALENCIA~~ CORAL GABLES, FL 33134	~~208 VALENCIA~~ CORAL GABLES, FL 33134

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
217 Valencia Ave.	217 Valencia Ave.
Suite, Apt. #, etc. Upstairs	Suite, Apt. #, etc. xxxxxxxxx
City & State Coral Gables,Fl.	City & State
Zip 33134 Country USA	Zip Country

4. FEI Number **65-0852090** ☐ Applied For ☐ Not Applicable

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
RIERA-GOMEZ, ELISEO ~~208 VALENCIA~~ CORAL GABLES, FL 33134	Name: Martha A.Riera-Gomez Street Address (P.O. Box Number is Not Acceptable): Eliseo Riera-Gomez 217 Valencia Ave. City: Coral Gables, FL Zip Code: 33134

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 _____ 06-30-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when executing) DATE

FILING 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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT RIERA-GOMEZ, MARTHA ~~208 VALENCIA~~ CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200021407812 07/09/03--01011--021
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS RIERA-GOMEZ, ELISEO ~~208 VALENCIA~~ CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 7/2/03
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 1st Notice not received
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition AR 6/2/03

CR2E054 (10/02) $150.00

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.

Martha A.Riera-Gomez, Pres.

SIGNATURE: Martha A. Riera-Gomez 6/30/03 305-567-0166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #