

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90044 037 \*\*\*150.00

|                                                |                                                                                   |
|------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P03000007235</b>                 |  |
| 1. Entity Name<br><b>VINTAGE WATCHES, INC.</b> |                                                                                   |

|                                                                                       |                                                                           |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Principal Place of Business<br><b>P.O. BOX 144391<br/>CORAL GABLES, FL 33114-4391</b> | Mailing Address<br><b>P.O. BOX 144391<br/>CORAL GABLES, FL 33114-4391</b> |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|

**94041814**

|                                                           |                                               |
|-----------------------------------------------------------|-----------------------------------------------|
| 2. Principal Place of Business<br><b>59 NE 1st Street</b> | 3. Mailing Address<br><b>59 NE 1st Street</b> |
| Suite, Apt. #, etc.                                       | Suite, Apt. #, etc.                           |
| City & State<br><b>MIAMI</b>                              | City & State<br><b>MIAMI</b>                  |
| Zip<br><b>33132</b>                                       | Country<br><b>FLORIDA</b>                     |
| Zip<br><b>33132</b>                                       | Country<br><b>FLORIDA</b>                     |



03172004 Chg-P CR2E034 (10/03)

|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>16-1651019</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|                                                                                                                              |                                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><b>TOCIAPSKI, PAUL A<br/>340 ALESIO AVENUE<br/>CORAL GABLES, FL 33134</b> | 7. Name and Address of New Registered Agent<br>Name <b>TOCIAPSKI, PAUL A</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>59 NE 1st Street</b><br>City <b>MIAMI</b> FL Zip Code <b>33132</b> |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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 **PAUL TOCIAPSKI** DATE **25 MAR 04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|                                                                               |                                                                                                                        |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                                           | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                             |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PVSD<br>TOCIAPSKI, PAUL ALEXANDER<br><del>P.O. BOX 144391</del><br><del>CORAL GABLES, FL 33114-4391</del> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>59 NE 1st Street<br/>MIAMI FL. 33132</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>TOCIAPSKI, MARIANA<br><del>P.O. BOX 144391</del><br><del>CORAL GABLES, FL 33114-4391</del> <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>59 NE 1st Street<br/>MIAMI FL. 33132</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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 a signed address with all other like empowered.

SIGNATURE **PAUL TOCIAPSKI** 3/17/04 (305) 373-0068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #