2005 FOR PROFIT CORPORATION— ANNUAL REPORT (AR)

Feb 09, 2005 8:00 am **Secretary of State** DOCUMENT # P03000036053 1. Entity Name 02-09-2005 90055 018 ***150.00 F.G. WATCH SERVICES CORP. Principal Place of Business Mailing Address 36 N.E. 1ST STREET- SUITE 605 36 N.E. 1ST STREET- SUITE 605 **うりりしょりょう** MIAMI FL 33132 MIAMI FL 33132 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 33-1031225 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOMEZ, FERNANDO R Street Address (P.O. Box Number is Not Acceptable) 36 N.E. 1ST STREET- SUITE 605 **MIAMI FL 33132** Zip Code City 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable DATE (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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD Addition TITLE ☐ Delete TITLE GOMEZ, FERNANDO R STREET ADDRESS 36 N.E. 1ST STREET- SUITE 605 STREET ADDRESS MIAMI FL 33132 CITY-ST-ZIP CITY-ST-ZIP VP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GOMEZ, MARIA E NAME NAME 36 N.E. 1ST STREET- SUITE 605 STREET ADDRESS STREET ADDRESS MIAMI FL 33132 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition Aleigndro. E Delete NAME GOMEZ, ALEJANDOR E STREET ADDRESS 36 N.E. 1ST STREET- SUITE 605 STREET ADDRESS CITY-ST-7IP CETY-ST-ZIP MIAMI FL 33132 ☐ Chapne ☐ Addition TITLE ... Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME

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 on 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 the actions, with all other like empowered.

STREET ADDRESS

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

ATHRE AT TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.4.05

FILED

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Daytime Phone #