


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-02-2004 90044 037 ***150.00

DOCUMENT # P03000007235	
1. Entity Name VINTAGE WATCHES, INC.	

Principal Place of Business P.O. BOX 144391 CORAL GABLES, FL 33114-4391	Mailing Address P.O. BOX 144391 CORAL GABLES, FL 33114-4391
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94041814

2. Principal Place of Business 59 NE 1st Street	3. Mailing Address 59 NE 1st Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIAMI	City & State MIAMI
Zip 33132	Country FLORIDA
Zip 33132	Country FLORIDA

03172004 Chg-P CR2E034 (10/03)

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

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD TOCIAPSKI, PAUL ALEXANDER P.O. BOX 144391 CORAL GABLES, FL 33114-4391	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 59 NE 1st Street MIAMI FL. 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TOCIAPSKI, MARIANA P.O. BOX 144391 CORAL GABLES, FL 33114-4391	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 59 NE 1st Street MIAMI FL. 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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** DATE **3/17/04 (305) 373-0068**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR