2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: SIGNATURE AND TYPES OF MANUE OF SIGNING OFFICER OR DIRECTOR

Mar 10, 2005 08:00 AV DOCUMENT # P03000007235 **Secretary of State** t. Entity Name ANTIQUE WATCH CO. Principal Place of Business Mailing Address 59 NE 1ST STREET 59 NE 1ST STREET 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 4. FEI Number Applied For 16-1651019 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Г Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TOCIAPSKI, PAUL A Street Address (P.O. Box Number is Not Acceptable) 59 NE 1ST STREET **MIAMI FL 33132** Zip Code FI. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11 **PVSD** ☐ Delete HILE ☐ Change Addition 🔲 mu NAME TOCIAPSKI, PAUL ALEXANDER NAME U000000258571 59 NE 1ST STREET CIREFI ADDRESS STREET ADDRESS 03/10/05-80046-021 150.00 MIAMI FL 33132 CHY-ST-ZIP CHY-SI-7IP TD ☐ Delete ☐ Change Addition 14114 1111 TOCIAPSKI, MARIANA MAN NAME 59 NE 1ST STREET JIRFFT ADDRESS STREET ADDRESS CHY ST-71P MIAMI FL 33132 CHY-SI-ZIP ☐ Change ☐ Addition Delete HHE 11111 NAME SHEEL ADDRESS LIRELI ADDRESS CHY-ST-ZIP CITY-SI-18 ☐ Change ☐ Addition ☐ Delete NAME MALK STREET ADDRESS STREET ADDRESS CHY-ST-ZP City-ST-ZIP ☐ Delete Change Addition Trill NALIF HAME SIREET ADDRESS STREET ADDRESS CHY-ST-7/P CHY-SI-ZIP ☐ Change Addition ☐ Delete HILL NAME NAME STREET ADDRESS STREET AUDRESS (11Y-ST-7P LHY SE-ZIP 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 time empowered.

FILED

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