

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # P00000045736**

1. Entity Name

**SWISS WATCHMAKERS AND CO., INC.**

Principal Place of Business

17616 COLLINS AVENUE  
 SUNNY ISLES BEACH FL 33160  
 US

Mailing Address

17616 COLLINS AVENUE  
 SUNNY ISLES BEACH FL 33160  
 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1055427**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DESBIOLLES, PATRICK**  
**17616 COLLINS AVENUE**  
**SUNNY ISLES BEACH FL 33160**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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]*

*Patrick Desbiolles*

*2/7/07*

Signature of principal or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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

TITLE:  Delete  
 NAME: **DESBIOLLES, PATRICK**  
 STREET ADDRESS: **SWISS WATCHMAKERS & CO, 17616 COLLINS AVE**  
 CITY- ST- ZIP: **SUNNY ISLES BEACH FL 33160**

TITLE:  Delete  
 NAME: **DESBIOLLES, FABIEN**  
 STREET ADDRESS: **SWISS WATCHMAKERS & CO, 17616 COLLINS AVE**  
 CITY- ST- ZIP: **SUNNY ISLES BEACH FL 33160**

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
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TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS: **100000623115**  
 CITY- ST- ZIP: **02/16/07-80044-005 150.00**

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY- ST- ZIP:

TITLE:  Change  Addition  
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 CITY- ST- ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY- ST- ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

SIGNATURE:

*[Signature]*

*Patrick Desbiolles*

*2/7/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #