

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90039 049 ***150.00

DOCUMENT # P03000007235

1. Entity Name

ANTIQUE WATCH CO.



Principal Place of Business

59 NE 1ST STREET
MIAMI FL 33132

Mailing Address

59 NE 1ST STREET
MIAMI FL 33132



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

9066 SW 73CT
PH2401

3. Mailing Address

9066 SW 73CT
PH2401

1st MOORE

CR2E034 (10/07)

City & State

MIAMI FL.

City & State

MIAMI FL.

4. FEI Number

16-1651019

Applied For

Not Applicable

Zip

33156

Country USA

Zip

33156

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOCIAPSKI, PAUL A
59 NE 1ST STREET
MIAMI FL 33132

7. Name and Address of New Registered Agent

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, typed or printed name of registered agent and fee (if applicable).

(MORE Registered Agent signature required when substituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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 PVSD ☐ Delete
NAME TOCIAPSKI, PAUL ALEXANDER
STREET ADDRESS 59 NE 1ST STREET
CITY-ST-ZIP MIAMI FL 33132

TITLE TD ☒ Delete
NAME TOCIAPSKI, MARIANA
STREET ADDRESS 59 NE 1ST STREET
CITY-ST-ZIP MIAMI FL 33132

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 April 08

305 670 9473

Doc

Day: No Fee: *