## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT #365212**

1. Entity Name

WATSON INTERNATIONAL CO, INC.



FILED Feb 05, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

798 S FEDERAL HWY

SUITE 100

BOCA RATON, FL 33432 US

798 S FEDERAL HWY SUITE 100

BOCA RATON, FL 33432 US

01292007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1348858 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, WENDY H 798 S FEDERAL HWY SUITE 100 BOCA RATON, FL 33432

## DO NOT WRITE IN THIS SPACE

BOCA RATON, FL 33432				IN THIS SPACE		
	named entity submits this statement for the pions of registered agent.	urpose of changing its reg	gistered off	ice or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Re	egistered Agent	t signature	required when reinstating)	DATE
FIL After Ma	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu			\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			,	
INTLE NAME STREET ADDRESS CITY-ST-ZIP	PSD JONES, WENDY H 798 S FEDERAL HWY, SUITE 100 BOCA RATON, FL 33432				,	U00000623494 02/13/07-80068-006 150.00
TITLE NAME STREET ADDRESS CHY-ST-ZIP						oc. 10701 00000 000 100.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				, ,	IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-SI-ZIP				*		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

1/30/07

561-35511060

Daytime Phone #