2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 697704

1. Entity Name
LONDON WATCH COMPANY

Principal Place of Business	Mailing Address
12518 N. KENDALL DR. MIAMI, FL 33186 US	12518 N. KENDALL DR. MIAMI, FL 33186 US

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #. etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04262004   Chg-P   CR2E034 (10/03)

4. FEI Number — 59-2119460 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
FONSECA, GERARDO 12518 N. KENDALL DR. MIAMI, FL 33186	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 title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DST NAME FONSECA, GERARDO STREET ADDRESS 12745 SW 62 TERR. CITY-ST-ZIP MIAMI, FL 33183	☐ Delete	TITLE NAME STREET ADDRESS 2/34√ SW 234 ST CITY-ST-ZIP HOMESTEAD, FL 33031	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 an address, with all other like empowered.

SIGNATURE: _____ Gerardo Fonseca   4/27/04   305 271 6019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #