

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 850258
 1. Entity Name
MOVADO GROUP, INC.



Principal Place of Business Mailing Address
650 FROM ROAD **650 FROM ROAD**
PARAMUS, NJ 07652 **PARAMUS, NJ 07652**



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-2595932	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when re-registering) 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVERSTEIN, LEONARD 1776 K STREET, NW WASHINGTON, DC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES-ADAM, MARGARET 597 FIFTH AVE NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORESMA, DONALD 425 LEXINGTON AVENUE NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GRINBERG, GEDALIO 650 FROM ROAD PARAMUS, NJ 07652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP KIMICK, FRANK 650 FROM ROAD PARAMUS, NJ 07652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRINBERG, EFRAIM 650 FROM ROAD PARAMUS, NJ 07652

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 01/26/04-80059-017 150.00

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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 7, 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]* Date: 1/5/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #