2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000004836

1. Entity Name
MOVADO RETAIL GROUP, INC.

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

07052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3557612
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 DA DA DA
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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	STUART, RAYMOND
STREET ADDRESS	650 FROM ROAD
CITY-ST-ZIP	PARAMUS, NJ 07652
TITLE	V
NAME	COTE, RICK
STREET ADDRESS	650 FROM ROAD
CITY-ST-ZIP	LYNDHURST, NJ 07071
TITLE	S
NAME	MICHNO, TIMOTHY F
STREET ADDRESS	650 FROM ROAD
CITY-ST-ZIP	PARAMUS, NJ 07652
TITLE	T
NAME	KIMICK, FRANK
STREET ADDRESS	650 FROM ROAD
CITY-ST-ZIP	PARAMUS, NJ 07652
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/12/05-80001-019 150.00

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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 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] 7/6/05 201-267-8197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #