2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004516

COPENING, STEVEN

22729 SW 56TH AVENUE

BOCA RATON, FL 33433

Name:

Address:

City-St-Zip:

Entity Name: EMC-2 TIMEPIECES INCORPORATED

FILED Aug 16, 2007 Secretary of State

Entity Nar	ne: EMC-2	HIMEPIECES INCOF	RPORATED					
Current Principal Place of Business:				New Principal Place of Business:				
	56TH AVEN FON, FL 334	12481 NW 44 STREET CORAL SPRINGS, FL 33065						
Current M	ailing Addre	?SS:		New Maili	ng Address:	•		
	56TH AVEN ΓΟΝ, FL 334				44 STREET PRINGS, FL			
FEI Number:	20-4935144	FEI Number Applie	ed For() FEI Nu	mber Not Appl	icable ()	Certifica	te of Status Desi	red()
Name and	Address of	Name and Address of New Registered Agent:						
22729 SW	G, STEVEN 56TH AVEN FON, FL 334			1981 WOC	N, THOMAS DLANDS W. D BEACH, F		US	
	named entity of Florida.	submits this statem	nent for the purpose o	of changing i	ts registered	office or re	egistered agen	t, or both,
SIGNATUR	RE: THOMA		08/16/2007					
	Electro	onic Signature of Re	gistered Agent			Ī	Date	
		93(2)(b), F.S., the corp	oration did not receive	the prior notic	e.			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	MILLER, EDV	RE AVENUE SUITE 401		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	CLARKSON, 5045 NW 83F			Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	FEINGOLD, J	ROAD STREET		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title:	DVPT () Delete		Title:	DVPT (X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

RICHARDSON, BERTICA

CORAL SPRINGS, FL 33065

12481 NW 44 STREET

SIGNATURE: BERTICA RICHARDSON DVPT 08/16/2007