2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 21, 2004 8:00 am
Secretary of State

04-26-2004 90058 037 ****50.00

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1. Entity Name

CLOCKWORKS USA, LLC

Principal Place of Business	Mailing Address
423 WEST VINE STREET KISSIMMEE FL 34741	423 WEST VINE STREET KISSIMMEE FL 34741

MOORE .. CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address
*5401-W-IRLO BRONSON.HWY	*5220 HAWK DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KISSIMMEE - FLORIDA	City & State: KISSIMMEE - FLORIDA
Zip: 34746 Country: ASCEOLA	Zip: 34746 Country: ASCEOLA

4. FEI Number 57-1181238 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MEDDOUCH, ABDERRAHIM
423 W. VINE STREET
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

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 ______________________ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT - SINGLE MEMBER ☐ Delete 5220 - HAWK - DRIVE KISSIMMEE FLORIDA 34746	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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X Meddouch Abderrahim X 4-19-2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #