

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-30-2005 90003 003 \*\*\*150.00

P00000042504

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL -5 PM 2:25


50054318



05202005 Chg-P CR2E034 (10/03)

**DOCUMENT # P00000042504**

1. Entity Name  
**RICH WATCHES, INC.**



Principal Place of Business <b>1701 S. FLAGLER DRIVE - SUITE 403 WEST PALM BEACH, FL 33401</b>	Mailing Address <b>1701 S. FLAGLER DRIVE - SUITE 403 WEST PALM BEACH, FL 33401</b>
---	---

2. Principal Place of Business <b>S200 N FLAGLER DR Suite, Apt. #, etc. SUITE 1002 City &amp; State WEST PALM BEACH, FL</b>	3. Mailing Address <b>S200 N FLAGLER DR Suite, Apt. #, etc. SUITE 1002 City &amp; State WEST PALM BEACH, FL</b>
--	--

Zip <b>33407</b>	Country	Zip <b>33407</b>	Country
---------------------	---------	---------------------	---------

4. FEI Number  
**65-1004384**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FLAMBURIS, RICHARD A.  
1700 S. FLAGLER DRIVE #402  
WEST PALM BEACH, FL 33401**

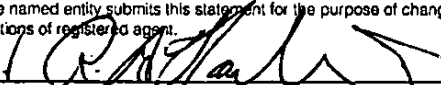
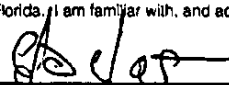
7. Name and Address of New Registered Agent

Name: \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)  
**S200 N FLAGLER DR STE 1002**

City **WEST PALM BEACH** FL Zip Code **33407**

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 \$550.00  
Due by September 7, 2005**

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	PS FLAMBURIS, RICHARD A 1700 S. FLAGLER DRIVER #403 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>S200 N FLAGLER DR #1002 WEST PALM BEACH, FL 33407</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  

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