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Secretary of State
03-26-2007 90069 044 ***150.00

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2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000020733

1. Entity Name
J.C.'S WATCH SERVICE, INC.

Principal Place of Business	Mailing Address
201 RACQUET CLUB RD STE 510 WESTON, FL 33326 US	201 RACQUET CLUB RD STE 510 WESTON, FL 33326 US

03152007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	201 RACQUET CLUB RD
Suite, Apt. #, etc.: 201 RACQUET CLUB RD.	Suite, Apt. #, etc.: #S 510 WESTON
City & State: #S 510 WESTON FL	City & State: WESTON FLA
Zip: 33326 Country: USA	Zip: 33326 Country: USA

4. FEI Number: 65-1080618 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MACELIS, JUAN 201 RACQUET CLUB RD S 510 WESTON, FL 33326	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: ✓ Juan Macelis — 3.21.07
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
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MACELIS, JUAN	NAME	
STREET ADDRESS	201 RACQUET CLUB DR S-510	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33326	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: ✓ Juan Macelis — 4.2.07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #