

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000030321

FILED
Oct 16, 2009
Secretary of State**Entity Name:** MIDAS WATCH, INC.**Current Principal Place of Business:**11401 NW 12TH ST
248
MIAMI, FL 33172**New Principal Place of Business:**11401 NW 12TH ST
248
MIAMI, FL 33172 US**Current Mailing Address:**11401 NW 12TH ST
248
MIAMI, FL 33172**New Mailing Address:**139 N.E. 1ST STREET
103
MIAMI, FL 33132 US**FEI Number:** 65-1089746**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TODYWALA, SAM
5340 NW 104TH CT
MIAMI, FL 33178 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: TODYWALA, SAM
Address: 5340 NW 104TH CT.
City-St-Zip: MIAMI, FL 33178

Title: DS () Delete
Name: TODYWALA, LYLIA
Address: 5340 NW 104TH CT.
City-St-Zip: MIAMI, FL 33178

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: TODYWALA, SAM
Address: 5340 NW 104TH CT.
City-St-Zip: MIAMI, FL 33178 US

Title: DS (X) Change () Addition
Name: TODYWALA, LYLIA
Address: 5340 NW 104TH CT.
City-St-Zip: MIAMI, FL 33178 US

Title: D () Change (X) Addition
Name: AKOUKA, ALAN
Address: 7625 BLACK OLIVE WAY
City-St-Zip: TAMARAC, FL 33321 US

Title: D () Change (X) Addition
Name: AKOUKA, MEREDITH
Address: 7625 BLACK OLIVE WAY
City-St-Zip: TAMARAC, FL 33321 US

Title: D () Change (X) Addition
Name: KELLY, STEVEN
Address: 15590 PARKVIEW DRIVE
City-St-Zip: NEWBURY, OH 44065 US

Title: D () Change (X) Addition
Name: CASTRO, PATRICIA
Address: 6659 ALISO AVENUE
City-St-Zip: WEST PALM BEACH, FL 33413 US

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.

SIGNATURE: SAM TODYWALA

DP

10/16/2009

Electronic Signature of Signing Officer or Director

Date