2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004
Secretary of State

DOCUMENT# P02000077359

Entity Name: A.R.S. STYLE WATCH MANUFACTURERS CORP.

Current Principal Place of Business:

2335 NW 107TH AVE
2MO6
MIAMI, FL 33172

New Principal Place of Business:

2315 NW 107TH AVE
1MO1 BOX 100
MIAMI, FL 33172

Current Mailing Address:

2335 NW 107TH AVE
2MO6
MIAMI, FL 33172

New Mailing Address:

2315 NW 107TH AVE
1MO1 BOX 100
MIAMI, FL 33172

FEI Number: 55-0787570 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIMITRI, LEA S ESQ
888 SE THIRD AVE STE 400
FT LAUDERDALE, FL 33316 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CHOCRON S., SALOMOM S
Address: 16300 N.E. 19TH AVE STE 201
City-St-Zip: NORTH MIMAI BEACH, FL 33162

Title: D ( ) Delete
Name: GARZONN S., CELINA B
Address: 16300 N.E. 19TH AVE STE 201
City-St-Zip: NORTH MIMAI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CHOCRON S., SALOMOM S
Address: 9215 W SUNRISE BLVD
City-St-Zip: PLANTATION, FL 33322

Title: D (X) Change ( ) Addition
Name: BENTATA G., CELINA
Address: 9215 W SUNRISE BLVD
City-St-Zip: PLANTATION, FL 33322

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SALOMON CHOCRON D 04/23/2004

Electronic Signature of Signing Officer or Director — Date