

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000077359

FILED
May 10, 2005
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

2315 NW 107TH AVE
MALL 1 SUITE 1 & 7 BOX 100
MIAMI, FL 33172

Current Mailing Address:

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

New Mailing Address:

2315 NW 107TH AVE
MALL 1 SUITE 1 & 7 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CHOCRON, SALOMOM S
Address: 929 BLUEWOOD TERRACE
City-St-Zip: WESTON, FL 33327

Title: D (X) Change () Addition
Name: BENTATA G., CELINA
Address: 929 BLUEWOOD TERRACE
City-St-Zip: WESTON, FL 33327

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 S. CHOCRON

PRES

05/10/2005

Electronic Signature of Signing Officer or Director

Date