2006 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

changed, or on an attachme

SIGNATURE:

May 01, 2006 08:00 AN Secretary of State DOCUMENT # P03000024961 1. Entity Name WATCH VALUE CORP. Mailing Address Principal Place of Business 21345 SW 234 ST 21345 SW 234 ST HOMESTEAD, FL 33031 HOMESTEAD, FL 33031 03182006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0690599 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FONSECA, GERARDO 21345 SW 234 ST HOMESTEAD, FL 33031 IN THIS SPACE 3. 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE FONSECA, GERARDO NAME STREET ADDRESS 21345 SW 234 ST CITY-ST-ZIP HOMESTEAD, FL 33031 TITLE NAME U00000556494 05/17/06-80013-002 150.00 STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY - ST - ZIP THTLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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

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address, with all other like empowered.

busca

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

301-274-6019

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