2005 FOR PROFIT-GORPORATION ANNUAL REPORT

FILED Jan 27, 2005 08:00 AM Secretary of State

ANNUAL REPURI			C4			
DOCUMENT # P03000071599 1. Entity Name EXPERT WATCH & JEWELRY, INC.	5			Sec	cretary of St	iate
36 N.E. 1ST STREET 3 SUITE 629 SI	ailing Address 6 N.E. 1ST STREET UITE 629 IAMI, FL 33132					
DO NOT WRITE IN THIS SPAC			01162005 4. FEI Numbe 55-093	No Chg-P	CR2E034 (10/03) Applied Not App \$8.75 Additional Fee Required	For dicable
6. Name and Address of Current Registered Agent						
YOUNG, ERIC S 36 N.E. 1ST STREET SUITE 629 MIAMI, FL 33132			IN 7	NOT W THIS SP	ACE	
The above named entity submits this statement for the p the obligations of registered agent.	urpose of changing its régisten	ed office or register	red agent, or bot	h, in the State of Floa	ida. I am familiar with, and a	ccept
SIGNATURE. Signature, typed or printed name of registered agent and title it	i applicable. (NOTE: Registere	d Agent signature required	(when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE	_
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		.00 May Be led to Fees			
10. OFFICERS AND DIRECT	TORS			and the same of the		
TITLE NAME STREFT AMBRESS CITY-ST-ZIP TITLE NAME D YOUNG, ERIC S 36 N.E. 1ST STREET, SUITE 629 MIAMI, FL 33132			· · ·	900000 01/27/05-	198242 80045-007 150.0	10
STRETT ADDRESS CITY-ST-ZIP ITTLE HAMIC STRETT ADDRESS			DO.	NOT W	RITE	
CTTY-ST-ZIP ITILI. NAME SAME ADDRESS CTTY-ST-ZIP ITILL		• • •		THIS SP		
NAME !		=				

12. I hereby certily that the information supplied with this tiling does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. I turther certify that the information inclicated 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:

STREET ADDRESS
CITY-ST-ZIP
TITE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED ON PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2 4-05 786-777-0596