

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000022200

1. Entity Name
CATCH MY WATCH, INC.



FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90212 039 ***150.00

Principal Place of Business
4984 SW 24TH AVE.
FORT LAUDERDALE, FL 33312

Mailing Address
4984 SW 24TH AVE.
FORT LAUDERDALE, FL 33312

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



03282005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0693527

Applied For
Not Applicable

5. Certificate of Status Desired ☐ - \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SAMANTHA, ELDAJJANI
4984 SW 24TH AVE.
FORT LAUDERDALE, FL 33312

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|---------------------------|---------------------------------|---|---------------------------------|----------------------------------|
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Additic |
| NAME | ELDAJJANI, SAMANTHA | | NAME | | |
| STREET ADDRESS | 4984 SW 24TH AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33312 | | CITY-ST-ZIP | | |
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| NAME | | | NAME | | |
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| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify 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 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: SAMANTHA ELDAJJANI 03/20/2005
DATE: _____ DAYTIME PHONE: _____