

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 15, 2007 08:00 AM  
Secretary of State

DOCUMENT # P04000022200

1. Entity Name  
CATCH MY WATCH, INC.



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

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



02162007 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-0693527

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SAMANTHA, ELDAJJANI  
4984 SW 24TH AVE.  
FORT LAUDERDALE, FL 33312

DO NOT WRITE  
IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

|                |                           |
|----------------|---------------------------|
| TITLE          | P                         |
| NAME           | ELDAJJANI, SAMANTHA       |
| STREET ADDRESS | 4984 SW 24TH AVE          |
| CITY-ST-ZIP    | FORT LAUDERDALE, FL 33312 |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |

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03/26/07-80010-019 150.00

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*Samantha Eldejjani*

Samantha Eldejjani 2-16-07