

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90033 030 \*\*\*150.00

|  |                              |  |   |   |  |       |           |                                 |      |                    |  |                |                       |  |                 |                   |  |       |       |  |      |                |  |                |                              |  |                 |                   |  |
|--|------------------------------|--|---|---|--|-------|-----------|---------------------------------|------|--------------------|--|----------------|-----------------------|--|-----------------|-------------------|--|-------|-------|--|------|----------------|--|----------------|------------------------------|--|-----------------|-------------------|--|
| <b>DOCUMENT # P04000053270</b><br>1. Entity Name<br><b>GEORGES WATCH REPAIRS, INC.</b>   |                              |  |   |   |  |       |           |                                 |      |                    |  |                |                       |  |                 |                   |  |       |       |  |      |                |  |                |                              |  |                 |                   |  |
| Principal Place of Business<br><b>5420 E MICHIGAN APT 1<br/>ORLANDO, FL 32812</b>  |                              |  | Mailing Address<br><b>5420 E MICHIGAN APT 1<br/>ORLANDO, FL 32812</b>   |   |  |       |           |                                 |      |                    |  |                |                       |  |                 |                   |  |       |       |  |      |                |  |                |                              |  |                 |                   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |                              |  | 3. Mailing Address<br>Suite, Apt. #, etc.   |   |  |       |           |                                 |      |                    |  |                |                       |  |                 |                   |  |       |       |  |      |                |  |                |                              |  |                 |                   |  |
| City & State   |                              |  | City & State  |   |  |       |           |                                 |      |                    |  |                |                       |  |                 |                   |  |       |       |  |      |                |  |                |                              |  |                 |                   |  |
| Zip  |                              | Country  |   | Zip   |  |       |           |                                 |      |                    |  |                |                       |  |                 |                   |  |       |       |  |      |                |  |                |                              |  |                 |                   |  |
| Country  |                              | Country  |   | 4. FEI Number<br><b>20-2246535</b>  |  |       |           |                                 |      |                    |  |                |                       |  |                 |                   |  |       |       |  |      |                |  |                |                              |  |                 |                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                              |  |   | Applied For<br>Not Applicable   |  |       |           |                                 |      |                    |  |                |                       |  |                 |                   |  |       |       |  |      |                |  |                |                              |  |                 |                   |  |
| 6. Name and Address of Current Registered Agent<br><b>DEMERJIAN, GEORGES<br/>5420 E MICHIGAN APT 1<br/>ORLANDO, FL 32812</b>   |                              |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |       |           |                                 |      |                    |  |                |                       |  |                 |                   |  |       |       |  |      |                |  |                |                              |  |                 |                   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renouncing) DATE</small>   |                              |  |   |   |  |       |           |                                 |      |                    |  |                |                       |  |                 |                   |  |       |       |  |      |                |  |                |                              |  |                 |                   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>  |                              |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May be<br>Added to Fees |   |  |       |           |                                 |      |                    |  |                |                       |  |                 |                   |  |       |       |  |      |                |  |                |                              |  |                 |                   |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D - Pres.</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DEMERJIAN, GEORGES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5420 E MICHIGAN APT 1</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ORLANDO, FL 32812</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">VP. D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>PAUL DEMERJIAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5420 E. Michigan St., Apt. 1</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Orlando, FL 32812</td> <td></td> </tr> </table> </div> </div> |                              |  |   |   |  | TITLE | D - Pres. | <input type="checkbox"/> Delete | NAME | DEMERJIAN, GEORGES |  | STREET ADDRESS | 5420 E MICHIGAN APT 1 |  | CITY - ST - ZIP | ORLANDO, FL 32812 |  | TITLE | VP. D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME | PAUL DEMERJIAN |  | STREET ADDRESS | 5420 E. Michigan St., Apt. 1 |  | CITY - ST - ZIP | Orlando, FL 32812 |  |
| TITLE  | D - Pres.                    | <input type="checkbox"/> Delete  |   |   |  |       |           |                                 |      |                    |  |                |                       |  |                 |                   |  |       |       |  |      |                |  |                |                              |  |                 |                   |  |
| NAME   | DEMERJIAN, GEORGES           |  |   |   |  |       |           |                                 |      |                    |  |                |                       |  |                 |                   |  |       |       |  |      |                |  |                |                              |  |                 |                   |  |
| STREET ADDRESS   | 5420 E MICHIGAN APT 1        |  |   |   |  |       |           |                                 |      |                    |  |                |                       |  |                 |                   |  |       |       |  |      |                |  |                |                              |  |                 |                   |  |
| CITY - ST - ZIP  | ORLANDO, FL 32812            |  |   |   |  |       |           |                                 |      |                    |  |                |                       |  |                 |                   |  |       |       |  |      |                |  |                |                              |  |                 |                   |  |
| TITLE  | VP. D                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |   |   |  |       |           |                                 |      |                    |  |                |                       |  |                 |                   |  |       |       |  |      |                |  |                |                              |  |                 |                   |  |
| NAME   | PAUL DEMERJIAN               |  |   |   |  |       |           |                                 |      |                    |  |                |                       |  |                 |                   |  |       |       |  |      |                |  |                |                              |  |                 |                   |  |
| STREET ADDRESS   | 5420 E. Michigan St., Apt. 1 |  |   |   |  |       |           |                                 |      |                    |  |                |                       |  |                 |                   |  |       |       |  |      |                |  |                |                              |  |                 |                   |  |
| CITY - ST - ZIP  | Orlando, FL 32812            |  |   |   |  |       |           |                                 |      |                    |  |                |                       |  |                 |                   |  |       |       |  |      |                |  |                |                              |  |                 |                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |                              |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   |  |       |           |                                 |      |                    |  |                |                       |  |                 |                   |  |       |       |  |      |                |  |                |                              |  |                 |                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |                              |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   |  |       |           |                                 |      |                    |  |                |                       |  |                 |                   |  |       |       |  |      |                |  |                |                              |  |                 |                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |                              |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   |  |       |           |                                 |      |                    |  |                |                       |  |                 |                   |  |       |       |  |      |                |  |                |                              |  |                 |                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |                              |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   |  |       |           |                                 |      |                    |  |                |                       |  |                 |                   |  |       |       |  |      |                |  |                |                              |  |                 |                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |                              |  | TITLE<br>NAME<br>STREET ADDRESS<br>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.   |                              |  |   |   |  |       |           |                                 |      |                    |  |                |                       |  |                 |                   |  |       |       |  |      |                |  |                |                              |  |                 |                   |  |
| <b>SIGNATURE:</b> <div style="float: right; text-align: right;"> <b>2/11/05</b>     <b>407-222-6205</b><br/> <small>Date                      Daytime Phone #</small> </div>   |                              |  |   |   |  |       |           |                                 |      |                    |  |                |                       |  |                 |                   |  |       |       |  |      |                |  |                |                              |  |                 |                   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                              |  |   |   |  |       |           |                                 |      |                    |  |                |                       |  |                 |                   |  |       |       |  |      |                |  |                |                              |  |                 |                   |  |

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