2008 FOR PROFIT CORPORATION

Jan 24, 2008 8:00 am Secretary of State

	ANNOAL	KEFOKI	
DOCUMENT #	P070000920	062	

01-24-2008 90038 029 ***150.00 1. Entity Name MIAMI-WATCHES INC. 40009496 Principal Place of Business Mailing Address 20500 W. COUNTRY CLUB DRIVE 20500 W. COUNTRY CLUB DRIVE 417 AVENTURA, FL 33180 AVENTURA, FL 33180 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 26-0806265 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KRAUS, NECHEMIA E Street Address (P.O. Box Number is Not Acceptable) 20500 W. COUNTRY CLUB DRIVE 417 AVENTURA, FL 33180 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered off-ce 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) -.9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. HILE Delete TITLE ☐ Addition Channe KRAUS, NEHEMIA NAME NAME STREET ADDRESS 20500 WEST COUNTRY CLUB DR# 417 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AVENTURA, FL 33180 Addition TITLE ☐ Delete TITLE ☐ Change NAME KRAUS, DAVID NAME STREET ADDRESS 20500 WEST COUNTRY CLUB DR# 417 STREET ADDRESS CITY - ST - ZIP AVENTURA, FL 33180 CHY-SI-ZIP HILE ☐ Delete HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE HILL Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with the indicated on this report or supplemental report is of the corporation or the receiver or trustee empty

changed, or on an attachment with an address

SIGNATURE AND TYPED

NTED NAME OF SIGNING OFFICER OR DIRECTOR

other like empowered.

does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information

accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if