2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE AND TYPED OR PRINTED NAME OF SURNING OFFICER OF

Mar 21, 2005 8:00 am Secretary of State DOCUMENT # P93000043193 1. Entity Name 03-21-2005 90098 013 ***150.00 RUBY WATCHES INC. Principal Place of Business Mailing Address 141 NE 1ST ST MIAMI FL 33132 141 NE 1ST ST MIAMI FL 33132 50028388 2. Principal Place of Business 126 NE /9 57 Suite, Apt. #, etc. 3. Mailing Address 126 NE 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number MIAMI 65-0417790 MIAM, Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALI, RUBINA H. 141 NE 1ST ST MIAMI FL 33132 126 NE 14 G Zip Code 3/3/32 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition TITLE ☐ Delete TITLE ALI, RUBINA H NAME NAME 126 NE 1254 141 NE-13T ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI-FL-33132 CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Defete NAME ALI, HAKIM NAME STREET ADDRESS 141 NE 1ST ST STREET ADDRESS CITY-ST-ZIP MIAMI FL 33132 CITY-ST-7IP TITLE TITLE Addition NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Taki TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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.

FILED