2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000033093

1. Entity Name

JACK'S WATCH REPAIR, INC.



FILED Feb 04, 2008 08:00 Al Secretary of State

Principal Place of Business

302 LINCOLN RD

MIAMI BEACH, FL 33139

Mailing Address

302 LINCOLN ROAD

MIAMI BEACH, FL 33139 US



DO NOT WRITE IN THIS SPACE

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0487742

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EPELBAUM, JACOBO 302 LINCOLN ROAD MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title	f applicable. (NOTE, Registered	d Agent signature	a required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign .Trust Fund Contrib			cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS		· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EPELBAUM, JACOBO 302 LINCOLN RD MIAMI BEACH, FL				·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD EPELBAUM, RAQUEL 302 LINCOLN RD MIAMI BEACH, FL			000000815978 02/14/08-80030-025 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

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 attachmept with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-08

3055345686 Daylune Phone