2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED DOCUMENT # P94000039168 Feb 05, 2007 08:00 AM **Secretary of State** BOCA WATCH & JEWELRY, INC. Principal Place of Business Mailing Address 612 NW 16 AV E BOCA RATON FL 33486 612 NW 16 AV E **BOCA RATON FL 33486** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, otc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato Applied For City & Stato 4. FEI Number 65-0497551 Not Applicable Country Ζıρ 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 PETERS, KAMAL 612 NW 16 AVE Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33432** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effice 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition PETERS, KAMAL NAME NAME U00000621920 612 NW 16 AVE SURFET ADDRESS STREET ADDRESS 02/13/07-80005-008 150.00 CITY ST-ZIP **BOCA RATON FL 33486** CITY-ST-ZIP TITLE Delete TITLE Change Addition PETERS, KAMAL NAME NAME 612 NW 16 AVE STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33486** CITY - ST-ZIP CITY ST-ZIP IIILE. Delete Addition NAME STRUET ADORESS. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+SI-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Addition NAMF. NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-S1-ZIP HILE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP 12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 addings, with all other like empowered