## 2008 FOR PROFIT CORPORATION ANNUAL, REPORT

## DOCUMENT # P95000013120

TIMEPIECE INTERNATIONAL, INC.



FILED Apr 11, 2008 08:00 All Secretary of State

Principal Place of Business

20113 NE 16TH PLACE MIAMI, FL 33172 Mailing Address

20113 NE 16TH PLACE MIAMI, FL 33172



## DO NOT WRITE IN THIS SPACE

01142008 No Chg-P CR2E034 (11/05)

4. FEI Number | Applied For

5. Certificate of Status Desired

65-0571931

\$8.75 Additional Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

KAMHAJI, MOSHE 20113 NE 16TH PLACE MIAMI, FL 33172

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pations of registered agent.	urpose of changing its registered off	fice or re	egistered agent, or b	ooth, in the State of Flor	ida. I am fan	niliar with, and	d accept
SIGNATURE.								
	Signature, typed or printed name of registered agent and title i	applicable (NOTE, Registered Agen	t signature	required when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	12 MARTH 15.6 1 7 1, 202 10		 - 1 ; '' .	
10.	OFFICERS AND DIREC	TORS			<del>'</del>		1.11	
TITLE	PD						., 4.,	
NAME	KAMHAJI, MOSHE				Acre			
STREET ADDRESS CITY-ST-ZIP	3801 NE 207TH STREET APT 1502			•	Liondonea	1792		,
	AVENTURA, FL 33180	<del></del>		,	04/23/08-80	038-022	150.00	15
TITLE NAME	SD KAMHAJI, GUENA			•	" ,	R t i		. '
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CITY-ST-ZIP	AVENTURA, FL 33180							
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NAME					•	•		
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CITY-ST-ZIP				DC	INO! W	KHE	•	•
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STREET ADDRESS CITY-ST-ZIP				,,,			• • • •	
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TITLE	<u></u>	22.		ip manager summer 41 cm	المنابات تناساتا الأسراء	أشامه والمرائم بالسيوب	a region management of the	أودوه فالوسيسة
NAME STREET ADDRESS*	1, 12,2000 Fen Will he pasolos	region of parents of	12)	₩ "cton lo Falea.				1
CITY-ST-ZIP	E MONTH, EEE IS 1, 120,000	8 Dolloe Gempaign F 3. 3	4	\$5.00° kp, et.	in the state of th	A 20 6		• .

12. Thereby 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 expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter or trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

NAME ,. STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SUMING OFFICER OR DIRECTOR

1/1/08 305-652-434