



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90613 001 \*\*\*300.00

<b>DOCUMENT # P99000077287</b> 1. Entity Name <b>INTERNATIONAL WATCH CORP.</b>					
Principal Place of Business <b>6601 LYONS RD B-4 COCONUT CREEK, FL 33073</b>				Mailing Address <b>6601 LYONS RD B-4 COCONUT CREEK, FL 33073</b>	
2. Principal Place of Business <b>720 So. POWERLINE RD</b>		3. Mailing Address <b>720 So POWERLINE RD</b>			
Suite, Apt. #, etc. <b>SUITE E</b>		Suite, Apt. #, etc. <b>SUITE E</b>		01062005    Chg-P    CR2E034 (10/03)	
City & State <b>DEERFIELD BEACH, FL</b>		City & State <b>DEERFIELD BEACH, FL</b>		4. FEI Number <b>65-0947334</b>	
Zip <b>33442</b>		Country <b>BROWARD</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COHEN, ISAAC 6601 LYONS RD B-4 COCONUT CREEK, FL 33073</b>				7. Name and Address of New Registered Agent Name <b>CORPORATION SERVICE COMPANY</b> Street Address (P.O. Box Number is Not Acceptable) <b>1201 HAYS STREET</b> City <b>TALLAHASSEE</b> <b>FL</b> Zip Code <b>32301</b>	
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.  SIGNATURE <u><b>CORPORATION SERVICE COMPANY</b></u> <b>03/04/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P COHEN, ISAAC 8649 NW 58 CT PARKLAND, FL 33067</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	--	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	--	<input type="checkbox"/> Delete			
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 my address, with all other like empowered.					
SIGNATURE: <u><b>ISAAC F. COHEN</b></u> <b>C.E.O</b>		<b>03/04/05</b> <b>954-725-4090</b> <small>Date    Daytime Phone #</small>			