


FILED  
Aug 05, 2003 8:00 am  
Secretary of State

04-28-2003 90289 028 \*\*\*150.00

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**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # S74550</b>			
1. Entity Name <b>WATCH ISLAND, INC.</b>			
Principal Place of Business <b>21 1/2 NE 1ST AVENUE MIAMI FL 33132</b>		Mailing Address <b>21 1/2 NE 1ST AVENUE MIAMI FL 33132</b>	
2. Principal Place of Business <b>63 N.E. 1st Street</b>		3. Mailing Address <b>63 N.E. 1st Street</b>	
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>	
Zip <b>33132</b>		Country <b>MIAMI DADE</b>	
4. FEI Number <b>65-0279937</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
5. Name and Address of Current Registered Agent <b>AYUB, MOHAMMED 21 1/2 NE 1ST AVENUE MIAMI FL 33132</b>		7. Name and Address of New Registered Agent <b>AYUB, MOHAMMED 63 N.E. 1st Street MIAMI FL 33132</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. <b>SIGNATURE: [Signature] MOHAMMED AYUB</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)		<b>07-18-03</b> DATE	
<b>FILE NOW!!! FEE IS \$550.00</b> After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DP AYUB, MOHAMMED 21 1/2 NE 1ST AVE MIAMI FL 33132</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DP AYUB, MOHAMMED 63 N.E. 1st Street MIAMI FL 33132</b>	
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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.			
<b>SIGNATURE: [Signature] SIGNATURE REQUIRED</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>07-18-03</b> Date	

CR2E034 (4/03)