

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000045151

**Entity Name:** NORQAIN WATCHES US INC.

**Current Principal Place of Business:**

25 SE 2ND AVE  
1144B  
MIAMI, FL 33131

**FILED**  
**Feb 02, 2024**  
**Secretary of State**  
**1422352222CC**

**Current Mailing Address:**

25 SE 2ND AVE  
1144B  
MIAMI, FL 33131 US

**FEI Number:** 83-0637288

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BUTLER, EMMANUEL  
888 BISCAYNE BLVD. APT 3808  
MIAMI, FL 33132 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name SCHNEIDER, THEODORE  
Address HAUPTSTRASSE 7  
City-State-Zip: 2560 NIDAU  
  
Title D  
Name BUTLER, EMMANUEL  
Address 888 BISCAYNE BLVD. APT 3808  
City-State-Zip: MIAMI FL 33132

Title PRESIDENT  
Name KUFFER, BEN  
Address HAUPSTRASSE 7  
City-State-Zip: 2560 NIDAU  
  
Title S  
Name BUTLER, EMMANUEL  
Address 888 BISCAYNE BLVD. APT 3808  
City-State-Zip: MIAMI FL 33132

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** EMMANUEL BUTLER

**PRESIDENT**

**02/02/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date