


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F22091**

1. Entity Name  
**WORLD WIDE PERSONAL SAFETY BOX, INC.**



Principal Place of Business <b>15375 S DIXIE HWY          MIAMI, FL 33157 US</b>	Mailing Address <b>11925 SW 128 ST          PO BOX 161859          MIAMI, FL 33116-1859 US</b>
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01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2101493</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

8. Name and Address of Current Registered Agent

**JOANNOU, BEN  
 11925 SW 128 ST  
 MIAMI, FL 33186**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

110000289445  
 01/20/06-80048-012 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GURDJIAN, JACK 8050 SW 157 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOANNOU, BEN 10155 SW 124 AVE MIAMI, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Ben Joannou Sr. **1-5-06 (305) 238-1866**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #