

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90207 020 ***150.00

DOCUMENT # P02000041186

1. Entity Name
WORLDWIDE CONCEPTS INTERNATIONAL, INC.



Principal Place of Business
2456 NORTH UMBRIA DR
SANFORD, FL 32771

Mailing Address
2456 NORTH UMBRIA DR
SANFORD, FL 32771

60001000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042007 Chg-P CR2E034 (12/06)

4. FEI Number
90-0034715

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERNSTEIN, MELVYN
2456 NORTH UMBRIA DR.
SANFORD, FL 32771

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BERNSTEIN, MELVYN
2456 NORTH UMBRIA DR
SANFORD, FL 32771 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Bernstein, Melvyn D. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
FARIA, FERNANDO
3175 LINDERA DR
DELTONA, FL 32725 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Bernstein, Melvyn S.
301 So. Milwee Street - Suite 1009
Longwood, FL 32750 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 reports 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/07