

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2008 08:00 A
Secretary of State

DOCUMENT # 432603

1. Entity Name
WORLD OF SOUND INC



Principal Place of Business
**12765 FOREST HILL BLVD.
SUITE 1302
WELLINGTON, FL 33414 US**

Mailing Address
**12765 FOREST HILL BLVD.
SUITE 1302
WELLINGTON, FL 33414 US**



03042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1519119

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DE MENDOZA, MARIO G III P.A.
12765 FOREST HILL BLVD., SUITE 1302
WELLINGTON, FL 33414**

**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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CINICOLO, JOHN
STREET ADDRESS 12765 FOREST HILL BLVD., SUITE 1302
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE VDT
NAME CINICOLO, PETER
STREET ADDRESS 12765 FOREST HILL BLVD., SUITE 1302
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE S
NAME CINICOLO, PETER
STREET ADDRESS 12765 FOREST HILL BLVD., SUITE 1302
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE AS
NAME DE MENDOZA, MARIO G III
STREET ADDRESS 12765 FOREST HILL BLVD., SUITE 1302
CITY-ST-ZIP WEST PALM BEACH, FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000872797
04/10/08-80052-012 150.00

**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 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
John Cinicolo, President

Date

Daytime Phone #