## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 649858 1. Entity Name W. W. F. CORPORATION

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90288 037 \*\*\*550.00

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15 WILLOW D	ce of Business DR NE FL 32080-591	8 .	Mailing Address 15 WILLOW DR ST. AUGUSTINE FL 32080-5918 US									
2. Principal	Place of Busines	SS	3. Mailing Address				I LOUISO ACIIL HIDYY YOYAA IRYON DIIGI		A BIBIL BIBIL DI	<b>9</b> 04 <b>9</b> 1811 1990		
Suite, Apt	t. #, etc.	* ··-	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & Sta	ite	*	City & State			- · · · · · · · · · · · · · · · · · · ·	<b>4.</b> F	39F 18070Z3			oplied For at Applicable	
Zip		Country	Zip		Country	′ <del></del>	5. (	Certificate of Status Desired		8.75 Add	litional	
	6. Name a	nd Address of Current	Registere	d Agent			7. N	Name and Address of New Reg	istered A	gent		
FAGUNDO, P. PAUL						Name						
15 WILLOW DR				Street Address			(P.O. Box Number is Not Acceptable)					
ST. AUGU	JSTINE FL 320	80-5918										
						City			FL	Zip Code		
8. The above the obligation	e named entity s itions of registere	ubmits this statement fo ed agent.	the purpo	ose of changing its re	egistered	office or registere	ed age	ent, or both, in the State of Florid	la. I am fa	miliar with,	and accept	
SIGNATURE	Signature, typed or p	printed name of registered agent a	and title if appli	cable. (NOTE:	Registered Ac	gent signature required	when re	einstating)	DATE		·····	
* =		FEE IS \$550:00								<del> </del>		
After Se	ptember 10, 2	003 Fee will be \$750. Iorida Department of	.00 State					<ol><li>Election Campaign Finar Trust Fund Contribution.</li></ol>	icing		<b>0</b> May Be to Fees	
10.		OFFICERS AND	DIRECTOR	RS	11.		AD	J DDITIONS/CHANGES TO OFFIC	ERS AND I	DIRECTORS	S IN 11	
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NAME <sup>Ĉ</sup>	FAGUNDO, F				NAME							
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12. I hereby c	ertify that the in	formation supplied with	his filing o	loes not qualify for th	ne exempt	tion stated in Sec	ction 1	119.07(3)(i) Florida Statutes I fu	rther certif	that the inf	formation	

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 squired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

August 8,2003 1-904-471-3114