

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # F02694 1. Entity Name WORLD WIDE PRIMATES, INC.	
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Principal Place of Business 16450 SW 180 STR MIAMI, FL 33187 US	Mailing Address P.O. BOX 971279 MIAMI, FL 33197-1279 US
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DO NOT WRITE IN THIS SPACE



01192006 No Chg. P CR2E034 (11/05)

4. FEI Number 59-2041522	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BASS, PAUL 201 ALHAMBRA CIRCLE 8TH FLOOR CORAL GABLES, FL 33134

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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 _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BLOCK, BROOKE 4411 MICHIGAN AVENUE MIAMI BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BLOCK, GERTIE 4411 N. MICHIGAN AVE. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/21/06-00024-021 150.00

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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: <i>Gertie Block</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	GERTIE BLOCK	4/5/06 Date	305-378-9585 Daytime Phone #
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