## 2007 FOR PROFIT CORPORATION

## May 14, 2007 8:00 am Secretary of State **ANNUAL REPORT** 05-14-2007 90091 002 \*\*\*958.75 DOCUMENT # F05000007493 NEW WORLD BRANDS, INC. 40112799 Principal Place of Business Mailing Address 2019 SW 20TH STREET SUITE 109 2019 SW 20TH STREET SUITE 109 FT. LAUDERDALE, FL 33315 FT. LAUDERDALE, FL 33315 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 340 340 West West Suite, Apt. #, etc. Suite, Apt. #, etc. 05032007 CR2E034 (12/06) City & State 4. FEI Number Applied For 02-0401674 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WEBER, MARK A (P.O. Box Number is Not Acceptable) 2019 SW 20TH STREET SUITE 109 FT. LAUDERDALE, FL 33315 Springs 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. 9. Election Campaign Financing... **\$5.00** May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Due by September 14, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Change **L**Addition TITLE Delete M. David Kamrat 340 West 5th PASSEN, SELVIN MD NAME NAME 2019 SW 20TH STREET SUITE 109 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE, FL 33315 CITY-ST-ZIP OR 97401 Delete TITLE Change Addition Noah Kammet WEBER, MARK A NAME NAME 340 W 54 2019 SW 20TH STREET SUITE 109 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33315 CITY ST-ZIP ☐ Delete ☐ Change 11 Addition ITILE THLE NAME NAME 340 W5 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZJP CITY-ST-ZIP ☐ Change Delete ☐ Addition TITI F TITLE NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP

**FILED** 

12. I hereby certify that the information supplied with this filling 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 DIRECTO