

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # H21520

1. Entity Name
WORLD OF SOUND OF STUART II, INC.



Principal Place of Business
12765 FOREST HILL BLVD.
SUITE 302
WELLINGTON, FL 33414

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



03042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2444048

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DE MENDOZA, P.A., MARIO G III
12765 FOREST HILL BLVD. STE 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

UN0010830128
04/22/08-80080-023 150.00

10. OFFICERS AND DIRECTORS

TITLE S
NAME DE MENDOZA, MARIO G III
STREET ADDRESS 12765 FOREST HILL BLVD., SUITE 1302
CITY-ST-ZIP WELLINGTON, FL 33414

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

TITLE VPDT
NAME HOLLANDER, HAROLD
STREET ADDRESS 12765 FOREST HILL BLVD, SUITE 1302
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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

Date

Daytime Phone *

Michael Cinicolo President
Michael Cinicolo, President

4-7-08 7722873083