

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90031 017 \*\*\*150.00

**DOCUMENT # L82071**

1. Entity Name  
**WORLD WIDE EQUITIES INC.**



Principal Place of Business  
**C/O SANDY LEIBOV  
1701 NW 31ST AVE  
FT LAUDERDALE, FL 33311**

Mailing Address  
**C/O SANDY LEIBOV  
1701 NW 31ST AVE  
FT LAUDERDALE, FL 33311**

**94023384**



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0285061**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LEIBOV, SANDY  
7547 BLACK OLIVE WAY  
TAMARAC, FL 33321**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PSD
NAME	LEIBOV, BERNARD M.
STREET ADDRESS	7547 BLACK OLIVE WAY
CITY- ST- ZIP	TAMARAC, FL
TITLE	TD
NAME	LEIBOV, SANDY
STREET ADDRESS	7547 BLACK OLIVE WAY
CITY- ST- ZIP	TAMARAC, FL
TITLE	<del>DR</del>
NAME	<del>KING, ROBERT J</del>
STREET ADDRESS	<del>2440 SE 9 STREET</del>
CITY- ST- ZIP	<del>POMPANO BEACH, FL 33063</del>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

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 recorder 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:** **BERNARD M. LEIBOV, PRES. 2/24/04 954-486-2010**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #