2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004314

COTTO, ELIGIO

4701 NE 18 AVENUE

POMPANO BEACH, FL 33064

Name:

Address:

City-St-Zip:

FILED Mar 25, 2008 Secretary of State

DOCON	1L111# 1100	000004314		Secretary of State	
Entity Nar	me: THE WO	RSHIPER'S HOUSE, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	LING ROAD OOD, FL 33024	ı			
Current Mailing Address:			New Mailing Address:		
	LING ROAD OOD, FL 33024	ı			
FEI Number:	20-4728969	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address of	New Registered Agent:	
HOLLYWO	LING ROAD OOD, FL 33024		urpose of changing its registered	office or registered agent, or both,	
SIGNATUR					
0.014/ (101		ic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () DIAZ, LUIS 6730 STIRLING HOLLYWOOD,		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	V () VALLE, JORGE 1012 NORTH P. HOLLYWOOD,	ARK ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	V ()	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: LUIS DIAZ P 03/25/2008