

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000056439



1. Entity Name

ASSOCIATES WORLDWIDE, INC.

Principal Place of Business

3015 S. OCEAN BOULEVARD
SUITE 3 D
HIGHLAND BEACH FL 33487

Mailing Address

3015 S. OCEAN BOULEVARD
SUITE 3 D
HIGHLAND BEACH FL 33487



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1117044**

Applied For
Not Applicable

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

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

ALAIMO, AGATHA
3015 S. OCEAN BOULEVARD
SUITE 3 D
HIGHLAND BEACH FL 33487

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
D ALAIMO, AGATHA
STREET ADDRESS 3015 S. OCEAN BOULEVARD, SUITE 3D
CITY- ST - ZIP HIGHLAND BEACH FL 33487

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST - ZIP

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STREET ADDRESS
CITY- ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST - ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST - ZIP

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CITY- ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Agatha Alaimo **AGATHA ALAIMO** **3-12-07** **561-272-4332**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #