


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2007 8:00 am
Secretary of State

06-18-2007 90003 049 ***158.75

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| DOCUMENT # P02000039531 | |  | |
| 1. Entity Name WORLD OF WHEELS MIAMI, INC. | | | |
| Principal Place of Business 10460 SW 186 STREET MIAMI, FL 33157 | | Mailing Address 10460 SW 186 STREET MIAMI, FL 33157 | |
| 2. Principal Place of Business - No P.O. Box <i>2000 NW 96 Ave</i> | | 3. Mailing Address <i>2000 NW 96 Ave</i> | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State <i>Miami FL</i> | | City & State <i>Miami FL</i> | |
| Zip <i>33172</i> | | Country <i>USA</i> | |
| 4. FEI Number 02-0533524 | | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | 6. Name and Address of Current Registered Agent AZADI, BEHNAM 10460 SW 186 STREET MIAMI, FL 33157 | |
| 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: _____ (NOTE: Registered Agent signature required when reinstating) | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDS AZADI, BEHNAM <i>10460 SW 186 STREET 2000 N.W. 96 AVE.</i> MIAMI, FL 33157 <i>33172</i> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD AZADI, JAVAD <i>10460 SW 186 STREET 2000 N.W. 96 AVE.</i> MIAMI, FL 33157 <i>33172</i> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: _____ | | Date <i>6-14-07</i> | |
| SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # | |