

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000113178

FILED
Feb 04, 2004
Secretary of State

Entity Name: WORLDWIDE MOVING SYSTEMS, INC.

Current Principal Place of Business:

11745 W ATLANTIC BLVD STE 1736
CORAL SPRINGS, FL 33071

New Principal Place of Business:

12130 WASHINGTON STREET
BLDG 71
PEMBROKE PINE, FL 33025

Current Mailing Address:

11745 W ATLANTIC BLVD STE 1736
CORAL SPRINGS, FL 33071

New Mailing Address:

12130 WASHINGTON STREET
BLDG 71
PEMBROKE PINE, FL 33025

FEI Number: 33-1027832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SASSON, SHAHAF
11745 W ATLANTIC BLVD STE 1736
CORAL SPRINGS, FL 33071

Name and Address of New Registered Agent:

SASSON, SHAHAF
12130 WASHINGTON STREET
BLDG 71
PEMBROKE PINE, FL 330725

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.

SIGNATURE: SASSON SHAHAF

02/04/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SASSON, SHAHAF
Address: 11745 W ATLANTIC BLVD STE 1736
City-St-Zip: CORAL SPRINGS, FL 33071

Title: DS (X) Delete
Name: MANDELBAUM, ITAY
Address: 11745 W ATLANTIC BLVD STE 1736
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SASSON, SHAHAF
Address: 12130 WASHINGTON STREET, BLDG 71
City-St-Zip: PEMBROKE PINES, FL 33025

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SASSON SHAHAF

DP

02/04/2004

Electronic Signature of Signing Officer or Director

Date