

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90461 019 \*\*\*150.00

**DOCUMENT # P03000006350**

1. Entity Name  
**THE WORSHWIN GROUP, INC.**



Principal Place of Business  
**4480 S.W. 153RD AVENUE  
MIRAMAR, FL 33027 US**

Mailing Address  
**4480 S.W. 153RD AVENUE  
MIRAMAR, FL 33027 US**

**60032108**



2. Principal Place of Business  
**12289 Pembroke Rd**

3. Mailing Address  
**12289 Pembroke Rd**

Suite, Apt. #, etc.  
**99**

Suite, Apt. #, etc.  
**99**

04262006 Chg-P CR2E034 (11/05)

City & State  
**Pembroke Pines**

City & State  
**Pembroke Pines**

4. FEI Number  
**02-0669413**

Applied For  
Not Applicable

Zip Country  
**33025 USA**

Zip Country  
**33025 USA**

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

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

**7. Name and Address of New Registered Agent**

**YEARWOOD, DWIGHT B  
4480 S.W. 153RD AVENUE  
MIRAMAR, FL 33027**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **D** ☐ Delete  
NAME **YEARWOOD, STANLEY B**  
STREET ADDRESS **4480 S.W. 153RD AVENUE**  
CITY-ST-ZIP **MIRAMAR, FL 33027**

TITLE **PD** ☐ Change ☒ Addition  
NAME **Yearwood, Stanley B**  
STREET ADDRESS **4480 SW 153rd Avenue**  
CITY-ST-ZIP **Miramar, FL 33027**

TITLE **D** ☐ Delete  
NAME **YEARWOOD, CYNTHIA L**  
STREET ADDRESS **4480 S.W. 153RD AVENUE**  
CITY-ST-ZIP **MIRAMAR, FL 33027**

TITLE **VPD** ☐ Change ☒ Addition  
NAME **Yearwood, Justin J**  
STREET ADDRESS **4480 SW 153rd Ave**  
CITY-ST-ZIP **Miramar, FL 33027**

TITLE **D** ☐ Delete  
NAME **YEARWOOD, JUSTIN J**  
STREET ADDRESS **4480 S.W. 153RD AVENUE**  
CITY-ST-ZIP **MIRAMAR, FL 33027**

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

TITLE **D** ☐ Delete  
NAME **YEARWOOD, DWIGHT B**  
STREET ADDRESS **4480 S.W. 153RD AVENUE**  
CITY-ST-ZIP **MIRAMAR, FL 33027**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:**

**STANLEY YEARWOOD** 2-27-06 754-204-6461  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #