

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P03000006350**

1. Entity Name

THE WORSHWIN GROUP, INC.



Principal Place of Business

12289 PEMBROKE ROAD  
SUITE 99

PEMBROKE PINES, FL 33025 US

Mailing Address

12289 PEMBROKE ROAD  
SUITE 99

PEMBROKE PINES, FL 33025 US



04252007

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

02-0669413

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000754352  
05/22/07-80057-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	YEARWOOD, STANLEY B
STREET ADDRESS	4480 S.W. 153RD AVENUE
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	D
NAME	YEARWOOD, CYNTHIA L
STREET ADDRESS	4480 S.W. 153RD AVENUE
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	D
NAME	YEARWOOD, JUSTIN J
STREET ADDRESS	4480 S.W. 153RD AVENUE
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	D
NAME	YEARWOOD, DWIGHT B
STREET ADDRESS	4480 S.W. 153RD AVENUE
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	PD
NAME	YEARWOOD, STANLEY B
STREET ADDRESS	4480 SOUTHWEST 153RD AVENUE
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	VPO
NAME	YEARWOOD, JUSTIN J
STREET ADDRESS	4480 SOUTHWEST 153RD AVENUE
CITY-ST-ZIP	MIRAMAR, FL 33027

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-07-

Date

786-380-5009

Daytime Phone #