

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED
Sep 05, 2008 08:00 AM
Secretary of State



05052008 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

000000959082
09/05/08-80001-012 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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

8-13-08

Date

754-204-646

Daytime Phone #