

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90005 013 ***224.67

DOCUMENT # P03000146315

1. Entity Name
WORLD WIDE PRINTER CORP.



Principal Place of Business

**2040 SE 19TH STREET
POMPANO BEACH, FL 33062**

Mailing Address

**2040 SE 19TH STREET
POMPANO BEACH, FL 33062**

54062588



2. Principal Place of Business

1329 NE 5th Avenue

3. Mailing Address

1329 NE 5th Ave

Suite, Apt. #, etc.

Cottage

Suite, Apt. #, etc.

Cottage

07132004

Chg-P

CR2E034 (10/03)

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

200610342

☒ Applied For

☐ Not Applicable

Zip

33304

Country

U.S.

Zip

33304

Country

U.S.

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARSCH, STEFAN
2040 SE 19TH STREET
POMPANO BEACH, FL 33062**

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

Stefan Harsch

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when constituting)

DATE

7/7/04

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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 **PRES** ☐ Delete
NAME **DANIELS, RICHARD**
STREET ADDRESS **1329 NE 5TH AVENUE, COTTAGE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/04

Date

Daytime Phone #