2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000106342

1. Entity Name
NETWORLD CAPITAL, INC.

Principal Place of Business	Mailing Address
6624 NW 23RD TERR BOCA RATON, FL 33496	6624 NW 23RD TERR BOCA RATON, FL 33496

DO NOT WRITE IN THIS SPACE

01022007   No Chg-P   CR2E034 (11/05)

4. FEI Number 20-1497932	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

KOBREN, LAWRENCE
6624 NW 23RD TERR
BOCA RATON, FL 33496

**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

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	KOBREN, LAWRENCE
STREET ADDRESS	6624 NW 23RD TERR
CITY-ST-ZIP	BOCA RATON, FL 33496

TITLE	D
NAME	KOBREN, GINNY
STREET ADDRESS	6624 NW 23RD TERR
CITY-ST-ZIP	BOCA RATON, FL 33496

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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01/17/07-80025-002 150.00

**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: _____ President 11/08/07 561/213/1956

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #