

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 A
Secretary of State

DOCUMENT # P05000052611

1. Entity Name
W.W.O. MANAGEMENT, INC.



Principal Place of Business
**P.O. BIX 350642
FT. LAUDERDALE, FL 33335**

Mailing Address
**P.O. BIX 350642
FT. LAUDERDALE, FL 33335**



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2728798	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WILSON, WILLIE J
4751 NW 16TH COURT
LAUDERHILL, FL 33313**

**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: _____ (NOTE: Registered Agent signature required when re-registering) 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**

**U000000733897
05/09/07-80102-020 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILSON, WILLIE J
STREET ADDRESS	4751 NW 16TH COURT
CITY-ST-ZIP	LAUDERHILL, FL 33313

TITLE	VSD
NAME	WILSON, BARBARA
STREET ADDRESS	3245 NW 2ND STREET
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311

TITLE	
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CITY-ST-ZIP	

**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: *Willie Wilson President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-07(954) 675-4533
Date Daytime Phone #