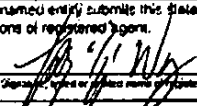
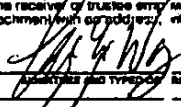


FILED
Aug 17, 2007 8:00 am
Secretary of State

07-16-2007 90122 009 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P06000007891			
1. Entity Name W & W OF BROWARD INC			
Principal Place of Business 4240 NW 1ST DRIVE DEERFIELD BEACH, FL 33442		Mailing Address 4240 NW 1ST DRIVE DEERFIELD BEACH, FL 33442	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MILLER, COREY P 1300 N FEDERAL HWY SUITE 208 BOCA RATON, FL 33432		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  Signature of holder or officer name of registered agent and file if applicable		DATE 7-10-07 (NOTE: Registered Agent signature is required when non-paying)	
FILE NOW!! FEB 19 \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WONG, KING YING 4240 N W 1ST DRIVE DEERFIELD BEACH, FL 33442	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
12. I hereby certify that the information supplied was indicated on this report or supplemental report; altered to accurate 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 copies.		this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 copies.	
SIGNATURE:  Signature and Typed Name of Existing Officer or Director		DATE 7-10-07 Date	

66021062



07102007 Chg-P CR2E034 (12/06)

4. PEI Number **65-0127346** Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required