

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000071503

FILED  
Aug 27, 2012  
Secretary of State

Entity Name: WORLD LEISURE PARTNERS, INC.

**Current Principal Place of Business:**

1331 BRICKELL BAY DRIVE  
APT 701  
MIAMI, FL 33131 US

**New Principal Place of Business:**

1101 WASHINGTON AVE  
UNIT PH5  
PHILADELPHIA, PA 19147 US

**Current Mailing Address:**

1331 BRICKELL BAY DRIVE  
APT 701  
MIAMI, FL 33131 US

**New Mailing Address:**

1101 WASHINGTON AVE  
UNIT PH5  
PHILADELPHIA, PA 19147 US

FEI Number: 20-4974167

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MATTHEWS, JOSEPH M MR.  
COLSON HICKS  
255 ARAGON  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: ARON, ADAM M MR.  
Address: 1101 WASHINGTON AVENUE PH5  
City-St-Zip: PHILADELPHIA, PA 19147 US

Title: TCD  
Name: ARON, ADAM M  
Address: 1101 WASHINGTON AVENUE PH5  
City-St-Zip: PHILADELPHIA, PA 19147 US

Title: SCC  
Name: MATTHEWS, JOSEPH M  
Address: 255 ARAGON  
City-St-Zip: CORAL GABLES, FL 33131 US

Title: VP  
Name: ARON, ABBE K  
Address: 110 CENTRAL PARK SOUTH APT 4B  
City-St-Zip: NEW YORK, NY 10019

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ADAM M ARON

PCEO

08/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date