## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** DOCUMENT # P07000052454

## **FILED** May 01, 2008 8:00 am Secretary of State 05-01-2008 90223 040 \*\*\*150.00

DOCUMENT # P07000052454  1. Entity Name WORLD TECH MARKETING AND MANAGEMENT GROUP, INC.						00223 040 ***150.0	00	
Principal Place of Business		Mailing Address		3000	dhanan			
448 ALAMANDA DR HALLANDALE, FL 33009		448 ALAMANDA DR HALLANDALE, FL 3300	9	· Maritage IM	PRIO 1240 4411 BG 111 PRIO	**************************************	(Ba) II (BB)	
Principal Place of Business - No P.O. Box # 3. Ma		3. Mailing Address		_				
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		01282008	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Number	015996	8 Ap	plied For t Applicable	
Zip	Country	Zip	Country	5 Certificate	of Status Desired	S8.75 Add Fee Required		
	6. Name and Address of Current		7. Name and Address of New Registered Agent					
COX MILE	AIM D	Name	Name					
COX, WILLAIM P 448 ALAMANDA DR HALLANDALE, FL 33009			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
TALEANDALE, I E 33009								
			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, 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, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.				5.00 May Be				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTORS	S IN 11	
TITLE	D	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS	COX, WILLAIM P 448 ALAMANDA DR	NAME STREET ADDRESS				!		
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP						
TITLE		☐ Delete	TITLE		<del>_</del>	☐ Change	Addition	
NAME			NAME		marken 1 mi		_	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition	
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CITY-ST-ZIP			CITY-ST-ZIP					
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NAME CIRET ADDOCCO			NAME CZDSEZ ADODESS					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
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CITY-ST-ZIP			CITY-ST-ZIP				C Admin	
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
1 42	certify that the information supplied with	- 45 in 1815 no along and 16. Intite to	the everntions contain	ad in Chapter 111	Clarida Statutos	I further continue that the in-		

Indicated on this report or supplied with this inling does not dyamity 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 trustree empowered to execute his 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 impowered.

SIGNATURE: