

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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.													
Principal Place of Business 448 ALAMANDA DR HALLANDALE, FL 33009			Mailing Address 448 ALAMANDA DR HALLANDALE, FL 33009										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address											
Suite, Apt. #, etc.		Suite, Apt. #, etc.											
City & State		City & State		4. FEI Number 26-0159968									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent COX, WILLIAM P 448 ALAMANDA DR HALLANDALE, FL 33009			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2" style="padding: 5px;">City</td> </tr> <tr> <td style="padding: 5px; width: 50%;">FL</td> <td style="padding: 5px;">Zip Code</td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable)		City		FL	Zip Code
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 _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees										
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, WILLIAM P 448 ALAMANDA DR HALLANDALE, FL 33009		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition									
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/27/08 305-78-7524 Date Daytime Phone #										