

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000089259

**FILED**  
**Mar 30, 2012**  
**Secretary of State**

**Entity Name:** WEAPON WORX INC

**Current Principal Place of Business:**

1060 WEST SUNRISE BLVD.  
FORT LAUDERDALE, FL 333117100

**New Principal Place of Business:**

**Current Mailing Address:**

4700 WEST PROSPECT RD SUITE 105  
FORT LAUDERDALE, FL 333098002

**New Mailing Address:**

**FEI Number:** 45-3646748

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLOEN, CHRISTIAN D  
4700 W PROSPECT RD UNIT 105  
FORT LAUDERDALE, FL 33309 US

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

CLOEN, CHRISTIAN D  
4700 W PROSPECT RD  
105  
FORT LAUDERDALE, FL 33309 US

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: RICHARD POLLARI

03/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CLOEN, CHRISTIAN D  
Address: 4807 NE 17TH TERR  
City-St-Zip: OAKLAND PARK, FL 333345615

Title: VP  
Name: POLLARI, RICHARD P  
Address: 4450 NE 13TH AVE  
City-St-Zip: OAKLAND PARK, FL 333344706

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: RICHARD POLLARI

VP

03/30/2012

Electronic Signature of Signing Officer or Director

Date