


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90023 017 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P92000003173</b>                    |  |
| 1. Entity Name<br><b>WORLDWIDE EQUITIES, INC.</b> |   |

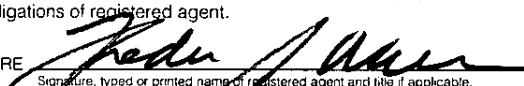
|  |  |
|--|--|
| Principal Place of Business<br><b>2459 DOVETAIL CT<br/>MANASQUAN NJ 08736<br/>US</b> | Mailing Address<br><b>2459 DOVETAIL CT<br/>MANASQUAN NJ 08736<br/>US</b> |
|--|--|

|   |  |
|---|--|
| 2. Principal Place of Business<br><b>354 JEA GA DRIVE</b> | 3. Mailing Address<br><b>2459 DOVETAIL CT.</b> |
| Suite, Apt. #, etc.                                       | Suite, Apt. #, etc.                            |

|  |                                       |
|--|---------------------------------------|
| City & State<br><b>JUPITER FLORIDA</b> | City & State<br><b>MANASQUAN N.J.</b> |
| Zip<br><b>33458</b>                    | Country<br><b>Palm Beach</b>          |
| Zip<br><b>08736</b>                    | Country<br><b>MONMOUTH</b>            |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>EISENSTEIN, SHARON L<br/>5077 ALFRED DR<br/>WEST PALM BEACH FL 33417</b>   |  |
| 7. Name and Address of New Registered Agent<br>Name<br><b>354 JEA GA DRIVE</b><br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>JUPITER</b> FL Zip Code<br><b>33458</b> |  |

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.

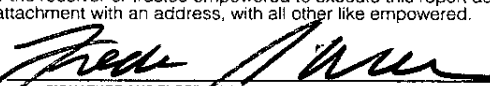
SIGNATURE  DATE **4/1/2004**

(NOTE: Registered Agent signature required when reinstating)

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|---------------------------------|---|--|
| TITLE<br>VS                               | <input type="checkbox"/> Delete | TITLE<br>NAME<br><b>354 JEA GA DRIVE</b>              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>EISENSTEIN, SHARON L</b>       |                                 | STREET ADDRESS<br><b>JUPITER, FLORIDA</b>             | <b>33458</b>   |
| STREET ADDRESS<br><b>2459 DOVETAIL CT</b> |                                 | CITY-ST-ZIP<br><b>MANASQUAN N.J. 08736</b>            |  |
| CITY-ST-ZIP<br><b>MANASQUAN NJ 08736</b>  |                                 |   |  |
| TITLE<br>PT                               | <input type="checkbox"/> Delete | TITLE<br>NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br><b>WALKER, FREDRIC S</b>          |                                 | STREET ADDRESS<br><b>2459 DOVETAIL CT.</b>            |  |
| STREET ADDRESS<br><b>2459 DOVETAIL CT</b> |                                 | CITY-ST-ZIP<br><b>MANASQUAN N.J. 08736</b>            |  |
| CITY-ST-ZIP<br><b>MANASQUAN NJ 08736</b>  |                                 |   |  |
| TITLE                                     | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                      |                                 | NAME  |  |
| STREET ADDRESS                            |                                 | STREET ADDRESS  |  |
| CITY-ST-ZIP                               |                                 | CITY-ST-ZIP   |  |
| TITLE                                     | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                      |                                 | NAME  |  |
| STREET ADDRESS                            |                                 | STREET ADDRESS  |  |
| CITY-ST-ZIP                               |                                 | CITY-ST-ZIP   |  |
| TITLE                                     | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                      |                                 | NAME  |  |
| STREET ADDRESS                            |                                 | STREET ADDRESS  |  |
| CITY-ST-ZIP                               |                                 | CITY-ST-ZIP   |  |
| TITLE                                     | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                      |                                 | NAME  |  |
| STREET ADDRESS                            |                                 | STREET ADDRESS  |  |
| CITY-ST-ZIP                               |                                 | CITY-ST-ZIP   |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE **4/1/2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR