

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90023 007 ***150.00

DOCUMENT # P94000036246

1. Entity Name
WORLDWIDE CASTING SALES, INC.



Principal Place of Business
2365 N.E. 24TH STREET
LIGHTHOUSE POINT, FL 33064

Mailing Address
2365 N.E. 24TH STREET
LIGHTHOUSE POINT, FL 33064

40049844



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03182008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
65-0511004

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COWEN, TOD
7041 W COMM. BLVD
STE 6A
FORT LAUDERDALE, FL 33319

Name Tod Cowen
Street Address (P.O. Box Number is Not Acceptable)
1634 E. Atlantic Blvd

City Pompano Beach State FL Zip Code 33060

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 Tod Cowen

(NOTE: Registered Agent signature required when reinstating)

DATE 3/18/08

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 Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME COWEN, TOD
STREET ADDRESS 2365 N.E. 24TH ST.
CITY-STATE-ZIP LIGHTHOUSE POINT, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME COWEN, CATHY
STREET ADDRESS 2365 NE 24 ST
CITY-STATE-ZIP LIGHTHOUSE POINT, FL 33064 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

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CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

Tod Cowen Tod Cowen 3/18/08 954-711-3757