

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 A
Secretary of State

DOCUMENT # P94000071904

1. Entity Name
WORLD OF PALM-AIRE PROPERTIES, INC.



Principal Place of Business
**39 S POMPANO PKWY
POMPANO BCH, FL 33069 US**

Mailing Address
**39 S POMPANO PKWY
POMPANO BEACH, FL 33069 US**



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1784753	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CURRAN, M. GLENN III
2400 E. COMMERCIAL BLVD.
SUITE 208
FORT LAUDERDALE, FL 33308**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

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
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VSTD
NAME	BOSLEY, LINDA L
STREET ADDRESS	39 S POMPANO PKWY
CITY-ST-ZIP	POMPANO BEACH, FL

TITLE	PD
NAME	BOSLEY, EDWIN M
STREET ADDRESS	39 S POMPANO PARKWAY
CITY-ST-ZIP	POMPANO BEACH, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

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01/11/08-80006-014 158.75

**DO NOT WRITE
IN THIS SPACE**

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 #

Edwin M. Bosley, as President 1/7/08 954 975-6270