2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2006 8:00 am Secretary of State

1. Entity Name WORLDWIDE WHOLESALE FORKLIFTS, INC.							03-20-2006 90011 003 ***150.00				
Principal Place of Business M			Mailing Address								
268 SW 32N Fort Laude	D COURT RDALE, FL 33315		2ND COURT Derdale, Fl	33315	US	1 (30)	r 	I Pith Salan i Pish i	fili: C ith 13100 wh	 	
2. Principal P	lace of Business	3. Mailing A	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt	Suite, Apt. #, etc.			03152000	6 Chg-P	CR2E	034 (11/05)		
City & Stat	e .	City & Sta	City & State			4. FEI Number Applied For 65-0574024 Not Applicable					
Zip	Country Zip			Count	1 S Certificate of Status Desired 1.1 ▼				8.75 Additional ee Required		
6. Name and Address of Current Registered Agent						7. Name a	nd Address of New	Registered	Agent		
					Name						
VAZ, PETER D 868 SW 32ND COURT FORT LAUDERDALE, FL 33315 PLEASE CONNET FORT LAUDERDALE, FL 33315 PORT LAUDERDALE, FL 33315					Street Address (P.O. Box Number is Not Acceptable)						
					City FL Zip Code						
	named entity submits this statemer ions of registered agent.	nt for the purpose o	f changing its re	egistere	d office or re	gistered agent, or t	ooth, in the State of	Florida. I am	familiar with,	and accept	
SIGNATURE_											
diditionic_	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE:	Registered	Agent signature r	equired when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Etection Campaign Final Trust Fund Contribution					cing	\$5.00 May Be Added to Fees					
10.	10. OFFICERS AND DIRECTORS					ADDITION	S/CHANGES TO O	FFICERS ANI	DIRECTORS	IN 11	
TITLE Vig	DPST Delete		TITLE	- 1	DPST ONLO	. 70		Change	Addition		
NAME	VAZ, PETER D			NAME		VAZ, PETER	with risk				
STREET ADDRESS	1700 SE 10TH STREET				T ADDRESS	1812 5W	D 10# AVE. derdak, F1	non 1			
CITY-ST-ZIP				CITY-	ST-ZIP	Fort HAU	derdAK, M	33313			
TITLE	☐ Delete			TITLE			•		☐ Change	Addition	
NAME ATREET ADORESS				NAME							
STREET ADDRESS CITY-ST-ZIP					T ADDRESS ST-ZIP						
										A a abba -	
TITLE		ι	Delete	TITLE					Change	Addition	
NAME STREET ADDRESS					T ADDRESS						
CITY-ST-ZIP					ST-ZIP						

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 his 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 arrangings, with all girls impowered.

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

MATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

Delete

3/15/06 954 768-9873

☐ Change

☐ Change

☐ Change

Addition

☐ Addition

Addition