

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90142 023 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                                                                  |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P96000054822</b><br>1. Entity Name<br><b>WORLDWIDE FOOD DISTRIBUTORS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                                                                                  |                                                                   |
| Principal Place of Business<br><b>15010 FEATHERSTONE WAY<br/>                 DAVIE, FL 33331</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 | Mailing Address<br><b>15010 FEATHERSTONE WAY<br/>                 DAVIE, FL 33331</b>                                            |                                                                   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                        |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 | City & State                                                                                                                     |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                         | Zip                                                                                                                              | Country                                                           |
| 4. FEI Number<br><b>65-0675387</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | Applied For<br><input type="checkbox"/> Not Applicable                                                                           |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 | <b>\$8.75</b> Additional Fee Required                                                                                            |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>ROSEWKRANZ, TERRI<br/>                 6811 NW 126 TERRACE<br/>                 CORAL SPRINGS, FL 33076</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |                                                                   |
| 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 _____<br><small>Signature, typed or printed name of signatory agent (not applicable) (NOTE: Registered Agent's signature required when submitting)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                                                                  |                                                                   |
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 | <b>\$5.00</b> May Be Added to Fees                                                                                               |                                                                   |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                     |                                                                   |
| TITLE<br><b>D</b><br>NAME<br><b>ROSENKRANZ, TERRI</b><br>STREET ADDRESS<br><b>6811 NW 126 TERR</b><br>CITY-ST-ZIP<br><b>CORAL SPRINGS, FL 33076</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br><b>D</b><br>NAME<br><b>ROSENKRANZ, KAREN</b><br>STREET ADDRESS<br><b>15010 FEATHERSTONE WAY</b><br>CITY-ST-ZIP<br><b>DAVIE, FL 33331</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <i>Karen R. Rosenkranz</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | 3/26/03 954-680-4908                                                                                                             |                                                                   |

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☐ CHECK HERE IF MAKING CHANGES

CR120304 (10/02)