2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000011981

1. Entity Name
WORLD WIDE T-SHIRTS, INC.

Principal Place of Business	Mailing Address
2778 NW 31 AVE FT LAUDERDALE, FL 33311	2778 NW 31 AVE FT LAUDERDALE, FL 33311

DO NOT WRITE IN THIS SPACE

02012007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0810698	Not Applicable

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

6. Name and Address of Current Registered Agent

JAMAL, RALPH
8830 COCO PLUM MANOR
PLANTATION, FL 33321

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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 reinstating)   DATE

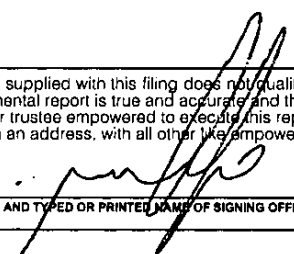| **FILE NOW!!! FEE IS $150.00** **After May 1, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	JAMAL, RALPH
STREET ADDRESS	8830 COCO PLUM MANOR
CITY-ST-ZIP	PLANTAITON, FL 33311
TITLE	D
NAME	LEVY, CLAUDE
STREET ADDRESS	10020 NW 2 STREET
CITY-ST-ZIP	PLANTAITON, FL 33311
TITLE	D
NAME	PERELMUTER, BENJAMIN
STREET ADDRESS	707 SE 3 LANE
CITY-ST-ZIP	DANIA, FL 33311

U000000630090
02/19/07-80027-012 150.00

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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/07   954-486-6580

Date   Daytime Phone #