

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90023 004 ***158.75

DOCUMENT # P98000036516

1. Entity Name
WORLD-WIDE BROKERS LTD, INC.



Principal Place of Business

925 SW 136 PL
MIAMI, FL 33184

Mailing Address

925 SW 136 PL
MIAMI, FL 33184

24060997

2. Principal Place of Business

1032 SW 140 PATH

Suite, Apt. #, etc.

3. Mailing Address

1032 SW 140 PATH

Suite, Apt. #, etc.



01072004

Chg-P

CR2E034 (10/03)

City & State

Miami

City & State

Miami

4. FEI Number

65-0829948

Applied For

Not Applicable

Zip

FL

Country

33184

Zip

FL

Country

33184

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DE LEON, MARIA L
925 SW 136 PL
#103
MIAMI, FL 33184

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1032 SW 140 PATH

City

Miami

FL

Zip Code

33184

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
DE LEON, MARIA L
925 SW 136 PL
MIAMI, FL 33184

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
DE LEON, ARMANDO A
925 SW 136 PL
MIAMI, FL 33184

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1032 SW 140 PATH
MIAMI, FL 33184

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #