


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90008 041 ***158.75

DOCUMENT # P98000043092			
1. Entity Name WORLD MARKETING, INC.			
Principal Place of Business 4099 N.W. 31ST AVENUE LAUDERDALE LAKES FL 33309		Mailing Address 1133 S. UNIVERSITY DRIVE SUITE 202 PLANTATION FL 33324	
2. Principal Place of Business		3. Mailing Address 4099 NW 31st Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Lauderdale Lakes, FL	
Zip	Country	Zip 33309	Country Broward
6. Name and Address of Current Registered Agent HAMDAN, SAMEER 4099 N.W. 31ST AVENUE LAUDERDALE LAKES FL 33309		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
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 <i>X Sameer Hamdan</i>		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS HAMDAN, SAMEER 4099 N.W. 31ST AVENUE LAUDERDALE LAKES FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *X Sameer Hamdan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date _____ Daytime Phone # _____