


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90041 050 ***150.00

DOCUMENT # P99000000351 1. Entity Name WORLDWIDE FURNITURE IMPORTS, INC.																																																																																																									
Principal Place of Business 5685 YOUNGQUIST RD FORT MYERS, FL 33912 US			Mailing Address 19479 SILVER OAK DRIVE FORT MYERS, FL 33912 US																																																																																																						
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 5783 ELIZABETH ANN WAY Suite, Apt. #, etc.																																																																																																							
City & State Zip Country		City & State FORT MYERS FL Zip Country 33912 USA		4. FEI Number 59-3555118																																																																																																					
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable																																																																																																							
6. Name and Address of Current Registered Agent CIHLAR, AMINDA 19479 SILVER OAK FORT MYERS, FL 33912																																																																																																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5783 ELIZABETH ANN WAY City FORT MYERS FL Zip Code 33912																																																																																																									
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Delete</td> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>CIHLAR, JACK</td> <td>NAME</td> <td>5783 ELIZABETH ANN WAY</td> </tr> <tr> <td>STREET ADDRESS</td> <td>19479 SILVER OAK DRIVE</td> <td>STREET ADDRESS</td> <td>FT. MYERS FL 33912</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT MYERS, FL 33912</td> <td>CITY-ST-ZIP</td> <td>FT. MYERS FL 33912</td> </tr> <tr> <td>TITLE</td> <td>Delete</td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>CIHLAR, AMINDA</td> <td>NAME</td> <td>5783 ELIZABETH ANN WAY</td> </tr> <tr> <td>STREET ADDRESS</td> <td>19479 SILVER OAK DRIVE</td> <td>STREET ADDRESS</td> <td>FT. MYERS, FL 33912</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT MYERS, FL 33908</td> <td>CITY-ST-ZIP</td> <td>FT. MYERS, FL 33912</td> </tr> <tr> <td>TITLE</td> <td>Delete</td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>Delete</td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>Delete</td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>Delete</td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	Delete	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME	CIHLAR, JACK	NAME	5783 ELIZABETH ANN WAY	STREET ADDRESS	19479 SILVER OAK DRIVE	STREET ADDRESS	FT. MYERS FL 33912	CITY-ST-ZIP	FORT MYERS, FL 33912	CITY-ST-ZIP	FT. MYERS FL 33912	TITLE	Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	CIHLAR, AMINDA	NAME	5783 ELIZABETH ANN WAY	STREET ADDRESS	19479 SILVER OAK DRIVE	STREET ADDRESS	FT. MYERS, FL 33912	CITY-ST-ZIP	FORT MYERS, FL 33908	CITY-ST-ZIP	FT. MYERS, FL 33912	TITLE	Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
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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 <i>Aminda Cihlar, Secretary</i> AMINDA CIHLAR 2/9/04 590-3898 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																									