

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000006299

1. Entity Name

WORLD INDUSTRIAL PRODUCTS, INC.



Principal Place of Business

5979 N.W. 151ST STREET, SUITE 212
MIAMI LAKES FL 33014

Mailing Address

5979 N.W. 151ST STREET, SUITE 212
MIAMI LAKES FL 33014



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0899899

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALDMAN FELUREN & TRIGOBOFF, P.A.
2200 N. COMMERCE PKWY
SUITE 202
FORT LAUDERDALE FL 33326

Name

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
DPS
SCHAECTER, NEAL J
5979 NW 151 STREET, STE. 212
HIALEAH FL 33014 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
U000000639816
04/19/07-80059-002 150.00 ☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NEAL J. SCHAECTER

Date

Daytime Phone #

4-3-2007 305-231-0221