

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # S12537

1. Entity Name

WORLDWIDE ASSOCIATES, INC.



Principal Place of Business

Mailing Address

15476 NW 77 CT.
301
MIAMI LAKES FL 33016

15476 NW 77 CT.
301
MIAMI LAKES FL 33016



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

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number
59-1603025

Applied For
Not Applicable

Zip

Country

Zip

Country

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

RANNI, PAUL T.
15476 NW 77 CT
301
MIAMI LAKES FL 33016

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)

(If CFE Registered Agent, signature required when not blank)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
D
RANNI, PAUL T.
15476 NW 77 CT, STE 301
MIAMI LAKES FL 33016 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
J000000889196
04/22/08-80044-004 158.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
STAMPLER, DIANE K
15476 NW 77 CT., #301
HIALEAH FL 33016 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
RANNI, PAUL T
15476 NW 77 CT., #301
HIALEAH FL 33016 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

Paul T. Ranni
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-07

(305) 557-2191

Page

Page 1 of 1