

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # V27315**

1. Entity Name  
**WORLD OF AWNINGS, INC.**



Principal Place of Business

151 W 21 ST  
HIALEAH, FL 33010 US

Mailing Address

151 W 21 ST  
HIALEAH, FL 33010 US



02202007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0330105**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

SOTOLONGO, EDUARDO  
151 W 21 ST  
HIALEAH, FL 33010

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME SOTOLONGO, IGNACIO  
STREET ADDRESS 151 W 21 ST  
CITY-ST-ZIP HIALEAH, FL 33010

TITLE VP  
NAME SOTOLONGO, EDUARDO  
STREET ADDRESS 151 W 21 ST  
CITY-ST-ZIP HIALEAH, FL 33010

TITLE T  
NAME LEYSI, JORGE  
STREET ADDRESS 5990 SW 22 ST  
CITY-ST-ZIP MIAMI, FL 33155

TITLE S  
NAME CARIDAO, PAZ  
STREET ADDRESS 8370 SW 2ND STREET  
CITY-ST-ZIP MIAMI, FL 33144

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000736791  
05/11/07-80002-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

(IGNACIO SOTOLONGO) 04/17/07

Date

Daytime Phone #