

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000005741

**Entity Name:** WWRT, INC.

**Current Principal Place of Business:**

4751 DISTRIBUTION CT  
UNIT 15  
ORLANDO, FL 32822

**FILED**  
**Apr 27, 2017**  
**Secretary of State**  
**CC7300927958**

**Current Mailing Address:**

4751 DISTRIBUTION CT  
UNIT 15  
ORLANDO, FL 32822 US

**FEI Number:** 46-4531511

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FELICIANO, CHRISTINE N  
4751 DISTRIBUTION CT  
UNIT 15  
ORLANDO, FL 32822 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FELICIANO, CHRISTINE N  
Address        4751 DISTRIBUTION CT  
                  UNIT 15  
City-State-Zip: ORLANDO FL 32822

Title            DIRECTOR  
Name            GONZALEZ, SONIA  
Address        6596 SWISSCO DR APT 1513  
City-State-Zip: ORLANDO FL 32822

Title            DIRECTOR  
Name            PADILLA, JOSIVAN  
Address        4757 WALNUT RIDGE DR  
City-State-Zip: ORLANDO FL 32829

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRISTINE FELICIANO

**PRESIDENT**

**04/27/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date