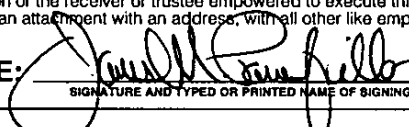


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90022 021 ****61.25

DOCUMENT # F99000003853					
1. Entity Name THE WORLD OF MONTECRISTO RELIEF ORGANIZATION, INC.					
Principal Place of Business C/O ALTADIS USA INC 5900 NORTH ANDREWS AVENUE FORT LAUDERDALE, FL 33309-2369			Mailing Address C/O ALTADIS USA INC 5900 NORTH ANDREWS AVENUE FORT LAUDERDALE, FL 33309-2369		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0929260	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ALTADIS USA INC 5900 NORTH ANDREWS AVENUE FORT LAUDERDALE, FL 33309-2369			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WARGO, TOM		NAME		
STREET ADDRESS	206 ASH COURT		STREET ADDRESS		
CITY-ST-ZIP	WEXFORD, PA 15090		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	QUIGLEY, DANA		NAME		
STREET ADDRESS	2670 TECUMSEH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FOLZ, THEO		NAME		
STREET ADDRESS	5900 NORTH ANDREWS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 333092369		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELLIS, GARY R		NAME		
STREET ADDRESS	5900 NORTH ANDREWS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 333092369		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARNOFIELLO, JAMES M		NAME		
STREET ADDRESS	5900 NORTH ANDREWS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 333092369		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLUCCI, JAMES L		NAME		
STREET ADDRESS	10374 STONEBRIDGE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 334986407		CITY-ST-ZIP		
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 617, 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: 		JAMES M. PARNOFIELLO		Date: 3/18/05 Daytime Phone #: 954-772-9000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	



02152005 Chg-NP CR2E037 (10/03)