2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 11, 2004 08:00 AM DOCUMENT # H72651 **Secretary of State** 1. Entity Name BUSINESS WORLD, INC. Principal Place of Business Mailing Address 1323 SE 17TH ST FT. LAUDERDALE FL 33316 1323 SE 17TH ST FT. LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2572225 Not Applicable Ziρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BLACKE, LAWRENCE E ESQ. Street Address (P.O. Box Number is Not Acceptable) 3326 N.E. 33RD STREET FT. LAUDERDALE FL 33308 City 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, typed or printed name of registered agent and title if applicable, (NOTE, Rop stered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD TITLE Delete BILE ☐ Change Addition BINDLER, FRANCI MARKE NAME U000000084972 1323 S.E. 17TH ST. STREET ADDRESS STREET ADDRESS 03/11/04-80029-007 150.00 CETY - ST - ZIP FT. LAUDERDALE FL 33316 CITY-ST-ZIP TELLE ☐ Delete TEFLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Change ☐ Delete THE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TIBLE Delete TITLE ☐ Change ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP THELE ☐ Delete 3433 5 ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-78P TITLE ☐ Delete TILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP 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 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.

FILED