


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90033 016 ***150.00

DOCUMENT # P01000073335		
1. Entity Name WORLD PLATED, CORP.		
Principal Place of Business 1843 NW 20TH ST MIAMI FL 33142		Mailing Address 1845 A NW 20 TH ST MIAMI FL 33142
2. Principal Place of Business 1845 NW 20TH ST	3. Mailing Address 1845 NW 20TH ST	
Suite, Apt. #, etc. Suite A	Suite, Apt. #, etc. Suite A	
City & State MIAMI, Florida	City & State MIAMI, Florida	
Zip 33142-7431	Country	Zip 33142-7431
Country		Country



MOORE CR2E034 (11/03)

4. FEI Number 52-8399205		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MARTINS DE SA, ARY 1843 NW 20TH ST MIAMI FL 33142		7. Name and Address of New Registered Agent
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARTINS DE SA, ARY		NAME	
STREET ADDRESS 733 SE 1ST WAY #102		STREET ADDRESS	
CITY-ST-ZIP DEERFIELD BEACH FL 33441		CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SA, MOEMA		NAME	
STREET ADDRESS 733 SE 1ST WAY #102		STREET ADDRESS	
CITY-ST-ZIP DEERFIELD BEACH FL 33441		CITY-ST-ZIP	
TITLE STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SA, VALERIA		NAME	
STREET ADDRESS 733 SE 1ST WAY #102		STREET ADDRESS	
CITY-ST-ZIP DEERFIELD BEACH FL 33441		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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.

SIGNATURE: VALERIA SA **02-20-04** **(305) 548-5022**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #