

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90557 028 \*\*\*158.75

<b>DOCUMENT # 565853</b>					
<b>1. Entity Name</b> WORLD DEVELOPMENT CORPORATION					
<b>Principal Place of Business</b> 8190 SW 78 STREET STE 100 MIAMI, FL 33143 US			<b>Mailing Address</b> P.O. BOX 430065 MIAMI, FL 33243-0065 US		
<b>2. Principal Place of Business</b> 9682/310 FONTAINEBLEAU BLVD		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04092004 Chg-P CR2E034 (10/03)	
<b>City &amp; State</b> MIAMI FL		<b>City &amp; State</b>		<b>4. FEI Number</b> NOT APPLICABLE	
<b>Zip</b> 33172		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ASKARI, MICHAEL 8190 SW 78TH ST SUITE 100 MIAMI, FL 33143			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PDM <b>NAME</b> ASKARI, MICHAEL <b>STREET ADDRESS</b> 8190 SW 78TH ST <b>CITY-ST-ZIP</b> MIAMI, FL 33143	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PDTC <b>NAME</b> ASKARY, TERESA <b>STREET ADDRESS</b> 9682 Fontainebleau Blvd. <b>CITY-ST-ZIP</b> MIAMI, FL 33172	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> TDC <b>NAME</b> ASKARI, MICHAEL <b>STREET ADDRESS</b> 8190 SW 78TH ST <b>CITY-ST-ZIP</b> MIAMI, FL 33143	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> DMV <b>NAME</b> AJJAOU, ATEF H. <b>STREET ADDRESS</b> 9682 FONTAINEBLEAU BLVD <b>CITY-ST-ZIP</b> MIAMI FL 33172	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> ASKARI, MICHAEL <b>STREET ADDRESS</b> 8190 SW 78TH ST <b>CITY-ST-ZIP</b> MIAMI, FL 33143	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> SD <b>NAME</b> COVILLA, DANIEL <b>STREET ADDRESS</b> 9682 Fontainebleau Blvd <b>CITY-ST-ZIP</b> MIAMI, FL 33172	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> ATEF, JOURI H <b>STREET ADDRESS</b> 8190 SW 78TH ST <b>CITY-ST-ZIP</b> MIAMI, FL 33143	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> V&D <b>NAME</b> CARLSON, ALEXANDER <b>STREET ADDRESS</b> 9682 FONTAINEBLEAU BLVD <b>CITY-ST-ZIP</b> MIAMI FL 33172	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> HAMBURG, JR W KIND <b>STREET ADDRESS</b> 8190 SW 78TH ST <b>CITY-ST-ZIP</b> MIAMI, FL 33143	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Alexander Carlson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Alexander Carlson <u>4-24-04</u> <u>305 559-2000</u> <small>Date Daytime Phone #</small>		