2004 FOR PROFIT CORPORATION ANNUAL REPORT

04-26-2004 90557 025 ***158.75
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04 MAY -5 PM 1:27

TALLAHASSEE, FLORIDA

DOCUMENT # 565979

1. Entity Name
WORLD TRADEBANK LTD. CORPORATION

Principal Place of Business	Mailing Address
8190 SW 78 STREET SUITE 100 MIAMI, FL 33143 US	P.O. BOX 430065 MIAMI, FL 33243-0065 US

04092004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
9682/310 FONTAINBLEAU BLVD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State
Zip: 33172 Country: USA	Zip Country

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
T. ASKARI 8190 SW 78 STREET SUITE 100 MIAMI, FL 33143	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PMD ASKARI, MICHAEL 8190 SW 78 STREET MIAMI, FL	☒ Delete	CPMD ASKARY TERESA 9682 FONTAINBLEAU BLVD MIAMI FL 33172	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C AL-SAUD, HRH PRINCE M. 8190 S.W. 78 ST. MIAMI, FL	☒ Delete	DS COVILLA, DANIEL 9682 FONTAINBLEAU BLVD MIAMI FL 33172	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ABDEL-AZIZ, TAREK 8190 S.W. 78TH ST. MIAMI, FL	☐ Delete	DVP CARLSON, ALEXANDER 9682 FONTAINBLEAU BLVD MIAMI FL 33172	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD AL-KHATIB, FAISAL 8190 S.W. 78 ST. MIAMI, FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SALMAN, NAEL 8190 S.W. 78 ST. MIAMI, FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Alexander Carlson Alexander Carlson 4-24-04 305 559-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #