


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 661673 1. Entity Name INTEGRATED WORLD ENTERPRISES, INC.	
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Principal Place of Business 8350 NW 66TH STREET MIAMI, FL 33166	Mailing Address 8350 NW 66TH STREET MIAMI, FL 33166
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04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2013454	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOREIRA, MARTIN R. 9231 S.W. 101 AVE. MIAMI, FL 33176	DO NOT WRITE IN THIS SPACE
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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

000000129341
04/26/04-80035-007 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MOREIRA, MARTIN R SR 9231 S. W. 101 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MOREIRA, ELBA 17421 N.W. 7 STREET PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MOREIRA, TERESA 9231 S.W. 101 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MOREIRA, GLORIA 9231 SW 101 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MOREIA, CEASAR 10149 SW 117 CT MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/2004 (305) 591-7777
Date Daytime Phone #