

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90043 009 \*\*\*150.00

<b>DOCUMENT # F14006</b> 1. Entity Name <b>MICA WORLD, INC.</b>					
Principal Place of Business <b>303 S. 21 AVE. HOLLYWOOD, FL 33020</b>			Mailing Address <b>303 S. 21 AVE. HOLLYWOOD, FL 33020</b>		
2. Principal Place of Business <b>2022 THOMAS ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>2022 THOMAS ST</b> Suite, Apt. #, etc.			
City & State <b>HOLLYWOOD, FL</b> Zip Country <b>33020 USA</b>		City & State <b>HOLLYWOOD, FL</b> Zip Country <b>33020 USA</b>		4. FEI Number <b>59-2059265</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DIBENEDETTO, GUY 303 SOUTH 21ST AVE. HOLLYWOOD, FL 33020</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) <b>2022 THOMAS ST</b> City <b>HOLLYWOOD</b> <b>FL</b> Zip Code <b>33020</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. SIGNATURE <i>Guy Di Benedetto, DS</i> DATE <b>1/26-06</b> <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 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing 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>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DI BENEDETTO, GAETANO</b> <b>303 S 21ST AVE</b> <b>HOLLYWOOD, FL</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>DIBENEDETTO, GAETANO</b> <b>2022 THOMAS ST</b> <b>HOLLYWOOD, FL 33020</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS</b> <b>DI BENEDETTO, GAETANO</b> <b>303 S 21ST AVE</b> <b>HOLLYWOOD, FL</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WRIGHT, MARILYN J</b> <b>303 S 21ST AVE</b> <b>HOLLYWOOD, FL 33020</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>DIBENEDETTO, MARTINO</b> <b>2022 THOMAS ST</b> <b>HOLLYWOOD, FL 33020</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Guy Di Benedetto</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>1/26-06</b> Daytime Phone # <b>954-920-5900</b>		