


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90980 035 ***150.00

DOCUMENT # F93000001630 1. Entity Name WORLD GRAPHICS, INC.					
Principal Place of Business 500 W CYPRESS CK RD 430 FORT LAUDERDALE, FL 33309 US			Mailing Address 500 W CYPRESS CK RD 430 FORT LAUDERDALE, FL 33309 US		
2. Principal Place of Business 1239 E. NEWPORT CENTER DRIVE		3. Mailing Address 1239 E. NEWPORT CENTER DRIVE			
Suite, Apt. #, etc. 115		Suite, Apt. #, etc. 115			
City & State DEERFIELD BEACH, FL		City & State DEERFIELD BEACH, FL		4. FEI Number 05-0447687	
Zip 33442		Country USA		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 KAHN, ROBERT M ESQ. C/O KAHN & GUTTER PAINE WEBBER PLAZA, 8211 W BROWARD BLVD PLANTATION, FL 33324			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	PT DE AMORIM PACHECO, ANTONIO M <input type="checkbox"/> Delete ALAMEDA ARGENTINA 832, ALPHAVILLE 2 BARUER, SAO PAULO, BRAZIL,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RUA SANTO EUFREDO, 212 - JD. GUEDALA SAO PAULO, SP, BRAZIL 05611-070	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOMINGUEZ, HELENE D <input type="checkbox"/> Delete ALAMEDA ARGENTINA 832, ALPHAVILLE 2 BARUER, SAO PAULO, BRAZIL,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RUA SANTO EUFREDO, 212 - JD. GUEDALA SAO PAULO, SP, BRAZIL 05611-070	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAIA, MARIA R <input type="checkbox"/> Delete 18688 OCEAN MIST DR BOCA RATON, FL 33498		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Juan Dominguez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>04/25/05</u> Daytime Phone # <u>(954) 570-7026</u>		