

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
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2. Principal Place of Business 1239 E. NEWPORT CENTER DRIVE Suite, Apt. #, etc. 115	3. Mailing Address 1239 E. NEWPORT CENTER DRIVE Suite, Apt. #, etc. 115
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City & State DEERFIELD BEACH, FL	City & State DEERFIELD BEACH, FL
Zip 33442	Country USA



03232005 Chg-P CR2E034 (10/03)

4. FEI Number 05-0447687	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$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 _____
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, 2005 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	PT DE AMORIM PACHECO, ANTONIO M 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 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 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: Juan Dominguez **04/25/05 (954)570-7026**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #