

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # F93000001630

1. Entity Name
WORLD GRAPHICS, INC.



Principal Place of Business
**1239 E NEWPORT CENTER DR
115
DEERFIELD BEACH, FL 33442 US**

Mailing Address
**1239 E NEWPORT CENTER DR
115
DEERFIELD BEACH, FL 33442 US**



03272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0447687

Applied For
☐ Not Applicable

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**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
DE AMORIM PACHECO, ANTONIO M
RUA SANTO EUFREDO, 212- JD GUEDALA
SAO PAULO, BRAZIL. 05611070**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
DOMINGUEZ, HELENE D
RUA SANTO EUFREDO, 212- JD GUEDALA
SAO PAULO, BRAZIL.**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000485675
04/13/06-60004-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Maria Regina Maia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA REGINA MAIA

Date

03/27/06 (954) 570-7026

Daytime Phone #