

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 05, 2007 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



07022007 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  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

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

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

TITLE S  
NAME MAIA, MARIA R  
STREET ADDRESS 18688 OCEAN MIST DR  
CITY-ST-ZIP 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

**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

06/29/07 (954) 570-7026  
Date Daytime Phone #