

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # H15932 1. Entity Name ONE WORLD, INC.					
Principal Place of Business 100 S.E. 2ND ST. SUITE 4250 MIAMI FL 33131 US		Mailing Address 100 S.E. 2ND ST. SUITE 4250 MIAMI FL 33131 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2433986				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAATI, GINA 100 S.E. 2ND ST. SUITE 4250 MIAMI FL 33131				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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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 SAATI, ANTOINE 100 S.E. 2ND ST., SUITE 4250 MIAMI FL	☐ Delete		☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS SAATI, GINA 100 S.E. 2ND ST., SUITE 4250 MIAMI FL	☐ Delete		☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete		☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete		☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete		☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete		☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete		☐ Change ☐ Add	



1st MOORE CR2E034 (10/05)

4. FEI Number **59-2433986** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

9. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
U00000430598
02/22/06-80055-006 150.00

2/8/06 (305) 577-5

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Gina Saati*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR