2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 21, 2005 08:00 AM Secretary of State

	ANNUAL R	EPURI			- 0.0		of C40
1. Entity Nan	MENT # K18319 ORY WORLD & DISTRIBUTING			··· S	ecretai	ry of Sta	
% FREDDY A 1091 W. OK	ALBIZA EECHOBEE RD	ailing Address 6 FREDDY ALBIZA 091 W. OKEECHOBEE RD IIALEAH, FL 33010-2913					
E	OO NOT WRITE II	CE	01152005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current Regis	tered Agent	T	L,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- ree i	required
ALBIZA, F 1091 W. C HIALEAH,	REDDY DKEECHOBEE RD				NOT W		
8. 'The above the obligat .'\ SIGNATURE.	e named entity submits this statement for the patients of registered agent. Signature, typed or printed name of registered agent and title	frapplicable. (NOTE: Registere	d Agent signature required	when reinstating)	, in the State of Flo	orida. I am familli	ar with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be ed to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-SY-ZIP	D FREDDY ALBIZA 1091 W. OKEECHOBEE RD HIALEAH, FL			- <u>-</u>		965500 1-680082)02 150 . 00
TITLE NAME STREET ADDRESS CITY+ST-ZIP						_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SF	PACE	
TITLE NAME STREET ADDRESS							
CITY-ST-ZIP							
TITLE	1		J			-	

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 oalh; 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/17/05 305-888-620