

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91890 010 ***150.00

0209326 AV

DOCUMENT # L56710

1. Entity Name
ALL WORLD, INC.



Principal Place of Business
**1424 NW 82 AVE
MIAMI FL 33126
US**

Mailing Address
**1424 NW 82 AVE
MIAMI FL 33126
US**

2. Principal Place of Business
8235 NW 68 St.

3. Mailing Address
P.O. Box 521593

Suite, Apt. #, etc.

City & State
Miami, FL

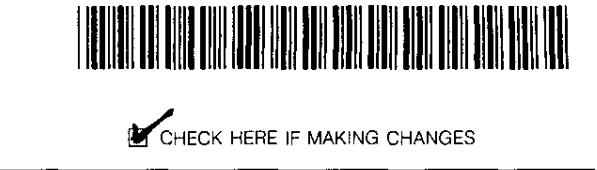
City & State
Miami, FL

Zip
33166

Country
USA

Zip
33152-1593

Country
USA



4. FEI Number **65-0191414**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**OCAMPO, CESAR A
12317 SW 95TH TERRACE
MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name
NIVARDO ARGOTE JR.

Street Address (P.O. Box Number is Not Acceptable)
P.O. Box 521593

City
Miami

FL

Zip Code
33152-1593

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 **N. Argote NIVARDO ARGOTE JR. VICE-PRESIDENT** DATE **04-30-03**

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, 2003 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

TITLE VT	<input checked="" type="checkbox"/> Delete	NAME OSPINA, CARLOS A
STREET ADDRESS 3851 W. 11 CT.		CITY-ST-ZIP HIALEAH FL
TITLE PS	<input checked="" type="checkbox"/> Delete	NAME OCAMPO, CESAR
STREET ADDRESS 12317 SW 95 TER.		CITY-ST-ZIP MIAMI FL
TITLE SD	<input type="checkbox"/> Delete	NAME SECRETARY - DIRECTOR
STREET ADDRESS GREGG DELGADO		CITY-ST-ZIP 8235 NW 68 St. MIAMI, FL 33166
TITLE	<input type="checkbox"/> Delete	NAME
STREET ADDRESS		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	NAME
STREET ADDRESS		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	NAME
STREET ADDRESS		CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME NIVARDO ARGOTE JR.
STREET ADDRESS P.O. Box 521593		CITY-ST-ZIP Miami, FL 33152-1593
TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME PRESIDENT
STREET ADDRESS MIRIAM ARGOTE		CITY-ST-ZIP P.O. Box 521593 MIAMI, FL 33152-1593
TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME SECRETARY DIRECTOR
STREET ADDRESS GREGG DELGADO		CITY-ST-ZIP P.O. Box 521593 MIAMI, FL 33152-1593
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		CITY-ST-ZIP

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: **N. Argote NIVARDO ARGOTE JR. Vice-Pres.** DATE **04/30/03** DAYTIME PHONE # **305-718-1092**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)