

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000041

FILED
Apr 29, 2005
Secretary of State

Entity Name: WORLD CARE VISION INTERNATIONAL, CORP.

Current Principal Place of Business:

1425 NW 192ND TERRACE
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

1425 NW 192ND TERRACE
MIAMI, FL 33169

New Mailing Address:

FEI Number: 65-7204697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIEUVIL, GUILFORD
1425 NW 192ND TERRACE
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DIEUVIL, GUILFORD
Address: 1425 NW 192ND TERRACE
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: STEWART, ROBERT ADVISOR
Address: 18425 NW 7TH AVE.
City-St-Zip: MIAMI, FL 33169

Title: SD () Delete
Name: DIEUVIL, MAGDADENE
Address: 18425 NW 7TH AVE.
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: CARTA, JOSEPH D CORDINA
Address: 7537 NW 7TH AVENUE
City-St-Zip: MIAMI, FL 33150

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DIEUVILLE, JEAN JUSTE ADVISOR
Address: 1017 NW 192 TERR
City-St-Zip: MIAMI, FL 33168

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUILFORD DIEUVIL

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date