2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004
Secretary of State

DOCUMENT# N96000000004

Entity Name: CENTRAL AND SOUTH AMERICAN WORLD SECTOR, INC.

Current Principal Place of Business:

10 GOODYEAR
IRVINE, CA 92618 US

New Principal Place of Business:

Current Mailing Address:

10 GOODYEAR
IRVINE, CA 92618 US

New Mailing Address:

FEI Number: 65-0639976 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOYLES, WILLIAM A
301 EAST PINE STREET
SUITE 1400
ORLANDO, FL 32801 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:	DE ANDA, JAIME L PH.D.	
Address:	10 GOODYEAR	
City-St-Zip:	IRVINE, CA 92618	
Title:	D	( ) Delete
Name:	AMAYA, JAVIER	
Address:	1837 ROSEMONT	
City-St-Zip:	CLAREMONT, CA 91711	
Title:	D	( ) Delete
Name:	PORTER, BARBARA	
Address:	10 GOODYEAR	
City-St-Zip:	IRVINE, CA 92618	
Title:	T	( ) Delete
Name:	HESKEPT, KENNETH	
Address:	22521 MEADOWWOOD	
City-St-Zip:	LAKE FOREST, CA 92630	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	PORTER, BARBARA	
Address:	8491 SW 30TH ST	
City-St-Zip:	DAVIE, FL 33328	
Title:	T	(X) Change ( ) Addition
Name:	HESKETT, ROBIN	
Address:	25012 TRAILVIEW TERRACE	
City-St-Zip:	LAKE FOREST, CA 92630	
Title:	S	( ) Change (X) Addition
Name:	WOOTEN, MICHAEL	
Address:	3731 WILSHIRE BLVD SUITE 800	
City-St-Zip:	LOS ANGELES, CA 90010	

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: JAIME L DE ANDA PD 03/08/2004

Electronic Signature of Signing Officer or Director — Date