

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000004

FILED
Feb 02, 2005
Secretary of State

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:

BOYLES, WILLIAM A
301 EAST PINE STREET
1400
ORLANDO, FL 32801 US

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:

02/02/2005

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: 8491 SW 30TH ST
City-St-Zip: DAVIE, FL 33328

Title: T () Delete
Name: HESKETT, ROBIN
Address: 25012 TRAILVIEW TERRACE
City-St-Zip: LAKE FOREST, CA 92630

Title: S () Delete
Name: WOOTEN, MICHAEL
Address: 3731 WILSHIRE BLVD SUITE 800
City-St-Zip: LOS ANGELES, CA 90010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DE ANDA, JAIME L PH.D.
Address: 96 WILDWOOD
City-St-Zip: IRVINE, CA 92604

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

Title: D (X) Change () Addition
Name: MAINS, KEVIN
Address: 3601 W. FOX RIDGE LN APT C
City-St-Zip: PALOS VERDES, CA 90274

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: JAIME L. DE ANDA

P

02/02/2005

Electronic Signature of Signing Officer or Director

Date