2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 29, 2007 8:00 am Secretary of State DOCUMENT # P00000025541 05-29-2007 90044 044 ***150.00 OHWORLD, INC. Principal Place of Business Mailing Address 4011810. 2320 NORTH MIAMI AVENUE 2320 NORTH MIAMI AVENUE MIAMI, FL 33127 MIAMI, FL 33127 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 601 N.E. 36 S 601 Suite, Apt. #, etc. Suite, Apt. #, etc. 05232007 Chg-P CR2E034 (12/06) 707 707 City & State 4. FEI Number Applied For City & State Miami 65-0988650 Not Applicable Miami Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired П USF 33137 *3313*7 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUERRA, LOURDES P PORTISH Street Address (P.O. Box Number is Not Acceptable) 2320 NORTH MIAMI AVENUE MIAMI, FL 33127 Zip Code 33/37 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 Guerra SIGNATURE____ FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE Change ☐ Addition ourdes NAME **GUERRA, LOURDES** N.E 36 St. # 707 2320 NORTH MIAMI AVENUE #B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33127 CLTY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: ♂

FILED

305-527-3669