2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State
05-10-2004 90459 037 ***150.00

DOCUMENT # P00000054337

1. Entity Name
E.G. WORLD, INC.

Principal Place of Business	Mailing Address
10511 SW 108 AVENUE F-284 MIAMI, FL 33176 US	10511 SW 108 AVENUE F-284 MIAMI, FL 33176 US

04272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
18774 SW 28CT	12964 SW 132 AV
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MICAMAC Florida	City & State: Miami Florida
Zip: 33029 Country: BROWARD	Zip: 33186 Country: M.DADE

4. FEI Number: 65-1115236 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SALEH, ANIS H
1 SE 3RD AVENUE, SUITE 1870
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ DATE
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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: _____ 04-27-2004.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #