


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90277 019 \*\*\*150.00

DOCUMENT # <b>P00000076104</b>	
1. Entity Name <b>WORLD OF MICA, INC.</b>	

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**11013891**

2. Principal Place of Business <b>7750 W 24 Ave</b> Suite, Apt. #, etc. <b>Unit 16</b> City & State <b>Hialeah</b> Zip <b>33016</b> Country <b>Dade</b>	3. Mailing Address <b>Same</b> Suite, Apt. #, etc.  City & State <b>FL</b> Zip  Country
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4. FEI Number <b>40-0831312</b>	Applied For <input type="checkbox"/> No: Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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.

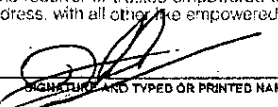
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when outstanding) DATE \_\_\_\_\_

January 1 - May 1: Fee is \$150.00 After May 1: Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>Jorge Santos</b> <b>7750 W 24 Ave</b> <b>Unit 16 Hialeah FL 33016</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>Maria Del C. Franco</b> <b>7750 W 24 Ave</b> <b>Unit 16 Hialeah FL 33016</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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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 on an attachment with an address, with all other fee empowered.

SIGNATURE:  **4-1403 305-698-0059**  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)