

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90183 035 \*\*\*150.00

**DOCUMENT # P00000090785**

1. Entity Name  
**CREDIWORLD CORPORATION**



Principal Place of Business  
**2100 PONCE DE LEON BLVD., STE 600  
CORAL GABLES, FL 33134**

Mailing Address  
**2100 PONCE DE LEON BLVD., STE 600  
CORAL GABLES, FL 33134**

**50048266**

**DO NOT WRITE IN THIS SPACE**

**( P00000090785P )**

03292005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1047282</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**VILLANUEVA, CARLOS  
2100 PONCE DE LEON BLVD., STE 600  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SALINAS FLORIDO, OSCAR A 2100 PONCE DE LEON BLVD., STE 600 CORAL GABLES, FL 33134</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S VILLANUEVA, CARLOS 2100 PONCE DE LEON BLVD., STE 600 CORAL GABLES, FL 33134</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-30-05 305 317 0812**