

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
2002



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90065 044 ***150.00

DOCUMENT # P.010 000 36366
Corporation Name
S & M WORLD Inc.
5593 S.W. 9th St
Miami, FL 33134

80051357

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

Principal Place of Business S & M WORLD Inc. Suite, Apt. #, etc. 5593 S.W. 9th St City & State Miami, FL 33134 Zip 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29		4. FEI Number Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARITZA VILLARREAL
9310 SW 137 AVE APT 913
MIAMI, FL 33186

81 Name	65-1090372
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE <i>Katherine Harris</i>		(NOTE: Registered Agent signature required when reinstating)		DATE	
2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
(P) MARITZA VILLARREAL <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
9310 S.W. 137 AVE APT 913		1.2 NAME			
MIAMI FL 33186		1.3 STREET ADDRESS			
(VP) Sasha I. Stone <input type="checkbox"/> DELETE		1.4 CITY-ST-ZIP			
14505 S.W. 43rd Ave		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
Miami, FL 33175		2.2 NAME			
		2.3 STREET ADDRESS			
		2.4 CITY-ST-ZIP			
		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
		3.2 NAME			
		3.3 STREET ADDRESS			
		3.4 CITY-ST-ZIP			
		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
		4.2 NAME			
		4.3 STREET ADDRESS			
		4.4 CITY-ST-ZIP			
		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
		5.2 NAME			
		5.3 STREET ADDRESS			
		5.4 CITY-ST-ZIP			
		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
		6.2 NAME			
		6.3 STREET ADDRESS			
		6.4 CITY-ST-ZIP			

4. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.