


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000079214</b> 1. Entity Name WORLD DINING CORP.	
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Principal Place of Business 7333 CORAL WAY MIAMI, FL 33155	Mailing Address 7333 CORAL WAY MIAMI, FL 33155
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**DO NOT WRITE IN THIS SPACE**



03252005 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0619125	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  PERSAUD, SAMUEL A ESQ 1320 S. DIXIE HWY., STE. 715 CORAL GABLES, FL 33146	<b>DO NOT WRITE IN THIS SPACE</b>
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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 reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

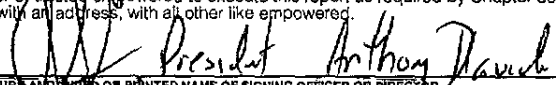
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DAVIDE, ANTHONY 7333 CORAL WAY MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS DAVIDE, SALVATORE 7333 CORAL WAY MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EASTON, EDWARD 7333 CORAL WAY MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GREENWALD, ALLEN 7333 CORAL WAY MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT HERSKOWITZ, JEROME 7333 CORAL WAY MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000319623  
04/21/05-80005-017 150.00

**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)(f), 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:  4-4-05 305 2615400

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_