


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90058 003 \*\*\*150.00

<b>DOCUMENT # P02000009416</b>	
1. Entity Name <b>WORLD CRYSTAL CORP.</b>	

Principal Place of Business <b>20931 N.E. 24TH COURT NORTH MIAMI BEACH, FL 33180</b>	Mailing Address <b>20931 N.E. 24TH COURT NORTH MIAMI BEACH, FL 33180</b>
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**94023148**

2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address <b>2305 N.E. 192 STREET</b>  Suite, Apt. #, etc.
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02232004 Chg-P CR2E034 (10/03)

City & State <b>NORTH MIAMI FL.</b>	4. FEI Number <b>43-1948644</b>	Applied For Not Applicable
Zip <b>33180</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

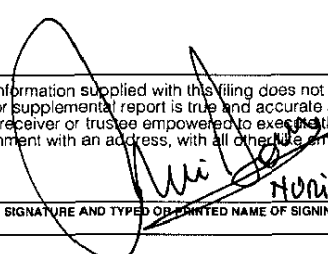
6. Name and Address of Current Registered Agent  <b>DORRA, ELIAS 20931 N.E. 24TH COURT NORTH MIAMI BEACH, FL 33180</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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8. 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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD DORRA, ELIAS 20931 N.E. 24TH COURT NORTH MIAMI BEACH, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DORRA, NURI 20931 N.E. 24TH COURT NORTH MIAMI BEACH, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 duly empowered.	
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SIGNATURE:  <b>NURI DORRA - VD</b>	Date: <b>02/23/04</b>	Daytime Phone #: <b>786-234-1461</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		