## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P02000078573** TARY OF STAIL LAIGH OF CORPORATION WORLD ASSETS GROUP INC. 04 MAY 13 PM 1:43 Principal Place of Business Mailing Address 930 LARGO MAR LANE 930 LARGO MAR LANE BOCA RATON, FL 33431 BOCA RATON, FL 33431 2. Principal Place of Business 3. Mailing Address 44 COYOTE MOURAIN RE 44 COYOTE MOUNTAIN RD Suite, Apt. #, etc. Suite, Apt. #, etc. 03022003 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For SANTA FE NM NM SAMA 22-3857622 Not Applicable Country USA Country 87505 \$8.75 Additional 87505 5. Certificate of Status Desired X USA 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAUL RUPPANNER Street Address (P.O. Box Number is Not Acceptable) 930 LARGO MAR LANE BOCA RATON, FL 33431 Zip Code 3230 TOI AHASSE 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. 216 Secretary (NOTE: Registered Agent signature required when reinstating Signature, typed or printed name of registered agent and title if appli FILE NOW!!! FEE 18 \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. MLE ☐ Delete TITLE 5 Change | NAME WAGNER-BARTAK, CLAUS NAME 700037005427 STREET ADDRESS 4092 LEE HIGHWAY STREET ADDRESS 05/21/04--01091--031 \*\*155.00 CITY-ST-7P ARLINGTON, VA 22207 CITY-ST-ZIP Addition TILE ☐ Delete TITLE Change RUPPANNER, PAUL A NAME STREET ADDRESS 930 LARGO MAR LANE STREET ADDRESS SANTA FF, NM 87305 CITY-ST-7P BOCA RATON, FL 33431 CITY-ST-ZIP TITLE ☐ Delete TITLE **Addition** PETER ZMVDZKI NAME NAME AVE 132 ST ClemENTS STREET ADDRESS STREET ADDRESS MHR CITY-ST-ZIP CITY-ST-ZIP TORONTO ONTALIO \_ ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS FI CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DΠF πTIE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 empewered 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: