

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000102958

1. Entity Name

C.R. WOLRDWIDE, INC.



FILED

03 OCT 17 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8901 SW 10 TERR.

3. Mailing Address
8901 SW 10 TERR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number 54-2078480

Applied For
Not Applicable

Zip
33174

Country

Zip
33174

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

900024221539
10/29/03--01006--021 **300.00

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JOSE V. CANTISANO

Street Address (P.O. Box Number is Not Acceptable)

8901 SW 10 TERR.

City MIAMI

FL Zip Code 33174

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE
NAME (P/D) JOSE V. CANTISANO
STREET ADDRESS 8901 SW 10 TERR.
CITY-ST-ZIP MIAMI, FL 33174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME (V/D) ANA ROIG-CANTISANO
STREET ADDRESS 8901 SW 10 TERR.
CITY-ST-ZIP MIAMI, FL 33174

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR200348 (12/02)

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

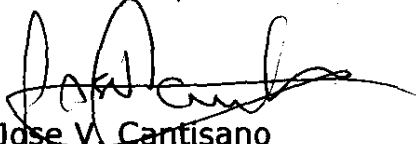
TO WHOM IT MAY CONCERN:

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2003 UNIFORM BUSINESS REPORT. I HAVE NOT CHANGED MY PRINCIPAL OR MAILING ADDRESS SINCE I INCORPORATED.

I MADE A CHANGE IN BANKING ACCOUNTS WHEN I FOUND OUT THAT I WAS NOT ACTIVE WITH YOUR OFFICE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY,



Jose V. Cantisano
PRESIDENT