

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P03000019484</b>					
<b>1. Entity Name</b> <b>WORLD MARKETING &amp; EVENTS CORP.</b>					
<b>Principal Place of Business</b> <b>4995 NW 79TH AVE, STE 115</b> <b>MIAMI, FL 33166</b>			<b>Mailing Address</b> <b>4995 NW 79TH AVE, STE 115</b> <b>MIAMI, FL 33166</b>		
<b>2. Principal Place of Business</b> <b>6363 Taft St</b>		<b>3. Mailing Address</b> <b>6363 Taft St</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272004    Chg-P    CR2E034 (10/03)	
<b>City &amp; State</b> <b>Hollywood, FL</b>		<b>City &amp; State</b> <b>Hollywood, FL</b>		<b>4. FEI Number</b> <b>08-0543747</b>	
<b>Zip</b> <b>33024</b>		<b>Country</b> <b>USA</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>GUTIERREZ, JOSE MIGUEL</b> <b>4995 NW 79TH AVE, STE 117</b> <b>MIAMI, FL 33166</b>			<b>7. Name and Address of New Registered Agent</b> <b>Name</b> <b>Jose Miguel Gutierrez</b> <b>Street Address (P.O. Box Numbers Not Acceptable)</b> <b>6363 Taft St</b> <b>City</b> <b>Hollywood</b> <b>FL</b> <b>Zip Code</b> <b>33024</b>		
<b>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.</b> <b>SIGNATURE</b> <i>Jose Gutierrez</i> (NOTE: Registered Agent signature required when re-registering)    DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PVST</b> <b>GUTIERREZ, JOSE MIGUEL</b> <input type="checkbox"/> Delete <b>4995 NW 79TH AVE, STE 117</b> <b>MIAMI, FL 33166</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6363 Taft St</b> <b>Hollywood, FL 33024</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input type="checkbox"/> Delete <b>GUTIERREZ, JOSE MIGUEL</b> <b>4995 NW 79TH AVE, STE 117</b> <b>MIAMI, FL 33166</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6363 Taft St</b> <b>Hollywood, FL 33024</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300035550563</b> <b>05/06/04-01008--002    **\$500.00</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 lines empowered.</b>					
<b>SIGNATURE:</b> <i>Jose Gutierrez</i> (NOTE: Signature and typed or printed name of signing officer or director)    Date    Daytime Phone #					

FILED  
04 APR 28 PM 3:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA