2004 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

Kin Berrot

May 06, 2004 8:00 am **DOCUMENT # P03000062511 Secretary of State** 1. Entity Name 05-06-2004 90176 025 ***150.00 WORLD CAPITAL INVESTMENT & MANAGEMENT CORP. Principal Place of Business Mailing Address 7150 NW 72 AVE-7150 NW Z2-AVE MIAMI, FL 33166 MIAMI: FL 33166 3. Mailing Address P. O. Box 924117 2. Principal Place of Business 20918 Suite, Apt. #, etc. Suite, Apt. #, etc. 05012004 CR2E034 (10/03) City & State 4. FEI Number Applied For City & State <u>55- 083 53 48</u> Princeton Not Applicable MIAM zip 33092 Country \$8.75 Additional Country 5. Certificate of Status Desired 331 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BORROTO, LIN Street Address (P.O. Box Number is Not Acceptable) 7150 NW 72 AVE MHAMI, FL 33166 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 reinstating) 9.-Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Borroto, LANDY ☐ Addition DVS III) E Change TITLE ☐ Delete NAME BORROTO, LANDY NAME P. OBOX 924117 STREET ADDRESS STREET ADDRESS 7150 NW 72-AVE rinceton FL 33097 MIAMI, FL 33166 CITY-ST-ZIP CITY-ST-7IP DPT me ☐ Addition TITLE Delete Borroto, LIN. BORROTO, LIN NAME NAME ? 030x 924117 STREET ADDRESS 7150 NW 72-AVE STREET ADDRESS CITY-ST-ZIP MHAMI, FL 33166 CITY-ST-ZIP Princeton Fl 33092 Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS OBOX 924117 CITY-ST-ZIP CITY-ST-ZIP X Addition ☐ Delete TTLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS 0B0x 924 CITY-ST-ZIP CITY-ST-7IP 3309 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filling 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

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