FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90063 002 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000072335

1. Entity Name
ONE WORLD FINANCIAL SOLUTIONS CORP.

24002199

Principal Place of Business	Mailing Address
5700 COLLINS AVE., UNIT 8-G MIAMI BCH, FL 33140	5700 COLLINS AVE., UNIT 8-G MIAMI BCH, FL 33140

01132004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
100 SOUTH POINT DR.		100 SOUTH POINT DRIVE	
Suite, Apt. #, etc: #2301		Suite, Apt. #, etc.: #2301	
City & State: MIAMI BEACH, FL		City & State: MIAMI BEACH, FL	
Zip: 33139	Country	Zip: 33139	Country

4. FEI Number: 11-3695006 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PASTOR, MARIANO M
5700 COLLINS AVE., UNIT 8-G
MIAMI BCH, FL 33140

7. Name and Address of New Registered Agent

Name: NO CHANGE
Street Address (P.O. Box Number is Not Acceptable): 100 SOUTH POINT DRIVE
UNIT 2301
City: MIAMI BEACH FL Zip Code: 33139

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 ____ 1/13/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASTOR, MARIANO M 5700 COLLINS AVE., UNIT 8-G MIAMI BCH, FL 33140	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 like empowered.

SIGNATURE: ____ 1/13/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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