

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 22, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90027 030 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                              |                                                                                                                        |                                                                      |                                                                                                                                      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P03000100381</b><br>1. Entity Name<br><b>F &amp; G ENTERPRISES WORLDWIDE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                              |                                                                                                                        |                                                                      |                                                                                                                                      |  |
| Principal Place of Business<br><b>9040 S.W. 117TH STREET<br/>MIAMI, FL 33176</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                              |                                                                                                                        | Mailing Address<br><b>9040 S.W. 117TH STREET<br/>MIAMI, FL 33176</b> |                                                                                                                                      |  |
| 2. Principal Place of Business<br><b>9040 S.W. 117th Street</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                              | 3. Mailing Address<br>                                                                                                 |                                                                      |                                                                                                                                      |  |
| Suite, Apt. #, etc.<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                              | Suite, Apt. #, etc.<br>                                                                                                |                                                                      |                                                                                                                                      |  |
| City & State<br><b>Miami, Fla. 33176</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                              | City & State<br>                                                                                                       |                                                                      | 4. FEI Number<br><b>32-0091909</b>                                                                                                   |  |
| Zip<br><b>33176</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                              | Country<br><b>Dele</b>                                                                                                 |                                                                      | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                      |  |
| 6. Name and Address of Current Registered Agent<br><b>ADAMS, MAX A<br/>ONE ALHAMBRA PLAZA STE 5<br/>CORAL GABLES, FL 33134</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                              |                                                                                                                        |                                                                      | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 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) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                              |                                                                                                                        |                                                                      |                                                                                                                                      |  |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 8, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                              | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                      |                                                                                                                                      |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                              |                                                                                                                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | DP <b>FERNANDEZ, ANGEL O</b> <input checked="" type="checkbox"/> Delete<br><b>9040 S.W. 117TH STREET<br/>MIAMI, FL 33176</b> |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | DV <b>GALLARDO, CARIDAD D</b> <input type="checkbox"/> Delete<br><b>9040 S.W. 117TH STREET<br/>MIAMI, FL 33176</b>           |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                                              |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                                              |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                                              |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                                              |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowers. |                                                                                                                              |                                                                                                                        |                                                                      |                                                                                                                                      |  |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                              |                                                                                                                        | Date <b>6/30/04</b> Daytime Phone # <b>305-270-3485</b>              |                                                                                                                                      |  |

66430430





*Attachment* 66#30430  
**M.A. FINANCIAL GROUP**

INSURANCE AND FINANCIAL SERVICES FOR PHYSICIANS  
"WE'RE WITH YOU FROM BEGINNING TO END"

#P0300060381

MAX A. ADAMS, ESQ., LUTCP  
PRESIDENT

JIM PAPPAS  
FINANCIAL ADVISOR

ARNOLD ADAMS  
OFFICE MANAGER

MICHAEL IACINO  
DIRECTOR OF OPERATIONS

6/30/04

To: Division of Corporations

From: MAX A. ADAMS

Re: Notice of Filing / Annual

This letter is to certify as  
registered agent that the corporation of  
F+G Enterprises Worldwide, Inc. never received  
the annual filing notice. Therefore, the corporation  
never sent the \$150 filing fee. Please  
accept this payment of \$150.00 in  
lieu of the \$550.00 fee that is  
requested. If you have any further questions  
please contact me or the corporation.

Thank you,

Max A. Adams, Registered  
Agent for

F+G Enterprises  
Worldwide, Inc.

ONE ALHAMBRA PLAZA  
SUITE 100  
CORAL GABLES, 33134

PHONE (305) 887-9060  
FAX (305) 888-3192

E-MAIL  
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