

2004 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT #	P03000105318	2004
1. Entity Name		
THE CCTV WORLD CORP.		

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3900 NW 79TH Avenue Suite 236 Suite, Apt. #, etc.		3. Mailing Address 3900 NW 79TH Avenue Suite 236 Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33166	Country US	Zip 33166	Country US

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 20-0248850		Applied For Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name Oscar R. Aguilar		
	Street Address (P.O. Box Number is Not Acceptable) 11890 SW 8th Street, Penthouse VII		
City Miami		FL	Zip Code 33184

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, 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 \$350.00
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 STREET ADDRESS CITY-ST-ZIP	President Hochadel, Gustavo (97%) 3900 NW 79TH Avenue, Suite 236 Miami, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Pucciarelli, Omar (3%) 3900 NW 79TH Avenue, Suite 236 Miami, FL 33166
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gustavo Hochadel, President.

4/29/2004

Date

305-471-6595

Daytime Phone #