



**FILED**  
**Jun 07, 2005 8:00 am**  
**Secretary of State**

05-16-2005 90203 016 \*\*\*\*35.00  
 06-07-2005 90002 012 \*\*\*115.00

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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<b>DOCUMENT # P04000019395</b>			
1. Entity Name <b>WORLD STEEL CORPORATION</b>			
Principal Place of Business <b>8357 FLAGLER ST. #34 MIAMI, FL 33144</b>		Mailing Address <b>8357 FLAGLER ST. #34 MIAMI, FL 33144</b>	
2. Principal Place of Business <b>801 BRICKELL BAY DR. MIAMI, FL 33131</b>		3. Mailing Address <b>#134</b>	
Suite, Apt. #, etc. <b>#1071</b>		Suite, Apt. #, etc. <b>#134</b>	
City & State <b>MIAMI, FL.</b>		City & State	
Zip <b>33131</b>		Country <b>MIAMI - FLORIDA</b>	
4. FEI Number <b>20-0664330</b>		Applied For <b>Not Applicable</b>	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HERNANDEZ, JUAN 19611 NW 52 AVE CAROL CITY, FL 33055</b>		7. Name and Address of New Registered Agent <b>801 BRICKELL BAY DR. #1071 MIAMI FL 33131</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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing 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 NAME STREET ADDRESS CITY - ST - ZIP	P HERNANDEZ, JUAN 19611 NW 52 AVE CAROL CITY, FL 33055	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>801 BRICKELL BAY DR. #1071 MIAMI, FL. 33131</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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)(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: 		<b>5/1/05 3621841</b> Date Daytime Phone #	
<b>JUAN HERNANDEZ</b>			