
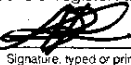



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90313 023 \*\*\*150.00

<b>DOCUMENT # P04000098434</b> 1. Entity Name <b>WORLD OF TUBE, CORP.</b>																													
Principal Place of Business <b>2195 W 10TH CT HIALEAH, FL 33010</b>			Mailing Address <b>2195 W 10TH CT HIALEAH, FL 33010</b>																										
2. Principal Place of Business <b>2235 W 10 CT</b>		3. Mailing Address <b>2235 W 10 CT</b>																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																											
City & State <b>HIALEAH FL</b>		City & State <b>HIALEAH FL</b>		4. FEI Number <b>20-1313388</b>																									
Zip <b>33010</b>		Country <b>DADE</b>		Applied For <input type="checkbox"/> Not Applicable																									
Zip <b>33010</b>		Country <b>DADE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>DOMINGUEZ, MIGUEL A. 10355 SW 107TH TERRACE MIAMI, FL 33176</b>			7. Name and Address of New Registered Agent Name <b>DOMINGUEZ, LAZARO</b> Street Address (P.O. Box Number is Not Acceptable) <b>9901 NW 26 STREET</b> City <b>DORAL FL</b> Zip Code <b>33172</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:  <span style="float: right;">03/09/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<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</b> May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PVD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DOMINGUEZ, LAZARO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9901 NW 26TH ST</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>MIAMI, FL 33172</td> <td></td> </tr> </table>			TITLE	PVD	<input type="checkbox"/> Delete	NAME	DOMINGUEZ, LAZARO		STREET ADDRESS	9901 NW 26TH ST		CITY-STATE-ZIP	MIAMI, FL 33172		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-STATE-ZIP		
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.																													
SIGNATURE: 				05/09/05																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>																									