

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90085 034 ***150.00

DOCUMENT # P04000170655

1. Entity Name
WORLD WIDE FINANCIAL AND INVESTMENT GROUP, INC.



Principal Place of Business

**1111 BRICKELL BAY DR.
2803
MIAMI, FL 33131 US**

Mailing Address

**1111 BRICKELL BAY DR.
2803
MIAMI, FL 33131 US**

2. Principal Place of Business

**8567 CORAL WAY
Suite, Apt. #, etc.
339**

3. Mailing Address

**8567 CORAL WAY
Suite, Apt. #, etc.
339**

City & State

Miami, FL

City & State

Miami, FL

Zip

33155

Country

DADE

Zip

33155

Country

DADE

04262005

Chg-P

CR2E034 (10/03)

4. FEI Number

20-2750414

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LIRA, GUSTAVO A SR.
1111 BRICKELL BAY DR.
2803
MIAMI, FL., FL 33131**

7. Name and Address of New Registered Agent

Name
LIRA, GUSTAVO

Street Address (P.O. Box Number is Not Acceptable)

8567 CORAL WAY #339

City
MIAMI

FL

Zip Code

33155

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

04/26/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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
**P
LIRA, GUSTAVO A SR
1111 BRICKELL BAY DR., SUITE 2803
MIAMI, FL 33131** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LIRA, GUSTAVO
8567 CORAL WAY
MIAMI, FL 33155** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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 attorney like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/26/05