


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P05000063234 1. Entity Name WORLD FAMILY, INC.					
Principal Place of Business 21410 SW 102ND AVE MIAMI FL 33189			Mailing Address 21410 SW 102ND AVE MIAMI FL 33189		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
6. Name and Address of Current Registered Agent ACOSTA, ALFRED 21410 SW 102ND AVE MIAMI FL 33189				7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 35%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
NAME	ACOSTA, ALFRED	NAME	<div style="text-align: right;"> U000000538740 </div>		
STREET ADDRESS	21410 SW 102ND AVE	STREET ADDRESS	<div style="text-align: right;"> 05/09/06-80070-021 150.00 </div>		
CITY-ST-ZIP	MIAMI FL 33189	CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		



1st MOORE CR2E034 (10/05)

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

FL | Zip Code

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U000000538740
05/09/06-80070-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-06 3055277757

Date

Daytime Phone #