


# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2008 FEB -4 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000147599			
1. Entity Name WORLD TEC INC.			
Principal Place of Business 4701 NW 35 AVE MIAMI, FL 33142		Mailing Address 4701 NW 35 AVE MIAMI, FL 33142	
2. Principal Place of Business - No P.O. Box # 1014 WHITE ST		3. Mailing Address 1014 WHITE ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State KEY WEST, FL		City & State KEY WEST, FL	
Zip 33040		Zip 33040	
Country USA		Country USA	
6. Name and Address of Current Registered Agent SAROZA, ROBERT 4701 NW 35 AVENUE MIAMI, FL 33142		7. Name and Address of New Registered Agent Name: MICHAEL ADAMS Street Address (P.O. Box Number is Not Acceptable): 1014 WHITE ST City: KEY WEST FL Zip Code: 33040	
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: <u>Michael Adams</u> MICHAEL ADAMS 2-01-08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAROZA, MARTHA 16280 NW 9TH DRIVE PEMBROKE PINES, FL 33028 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTHA SAROZA 16280 NW 9TH DR PEMBROKE PINES, FL 33028 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAROZA, ROBERT 16280 NW 9TH DRIVE PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOLYNN BARROSO 3606 EAGLE AVE KEY WEST, FL 33040 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ADAMS, MICHAEL 690 SW 15TH ST # 107 DANIA BEACH, FL 33004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER/VP BARRY L. BARROSO, JR 5605 COLLEGE RD, # 103B Ldng. 3 KEY WEST, FL 33040 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600117609766 02/08/08--01023--004 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES. ROLAND HERCE 1014 WHITE ST KEY WEST, FL 33040 <input type="checkbox"/> Change <input checked="" 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 exemptions contained in Chapter 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 lines empowered.			
SIGNATURE: <u>Michael Adams</u> MICHAEL ADAMS 2/1/08 305-636-4434		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	