## 2008 FOR PROFIT CORPORATION

## Feb 25, 2008 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # P07000035346** 02-25-2008 90040 017 \*\*\*150.00 WORLD TRUSS &TRUSS . CORP Principal Place of Business Mailing Address 76 8TH ST. 76 8TH ST WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34787 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242008 CR2E034 (12/06) City & State Applied For City & State 4. FEI\_Number 20-8763425 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent IBERTIS, PABLO Street Address (P.O. Box Number is Not Acceptable) 76 8 TH ST WINTER GARDEN, FL 34787 Zip Code 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, typed or printed name of registered agent and tife 4 applicable. (NOTE; Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Frust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition IBERTIS, PABLO NAME NAME STREET ADDRESS 76 8 TH ST STREET ADDRESS CITY-ST-ZIP WINTER GARDEN, FL 34787 CITY-ST-ZIP TITI F Delete TITLE Change ☐ Addition NAME **IBERTIS, GIOVANNI** NAME STREET ADDRESS 768TH ST STREET ADDRESS CITY-ST-ZIP WINTER GARDEN, FL 34787 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition OSORIO, FERNANDO NAME NAME STREET ADDRESS 76 8TH ST STREET ADDRESS CITY-ST-ZIP WINTER GARDEN, FL 34787 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 frustgetempowered dexecute 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 aduress, with all other like empowered.

NO TYPED OF FRINTED HAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

GIOVANNI IBERTIS

FILED