2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2008 8:00 am Secretary of State

ANNUAL REPORT				Secretary of State		
DOCUMENT # P07000054764				Secretary of State 01-22-2008 90080 037 ***150.00		
WORLD BUSINESS FOR HISPANICS, INC.						
Principal Plac	e of Business	Mailing Address				
6368 SW 13		870 NW 87 AVE				
MIAMI, FL 3	3183	MIAMI, FL 33172				
2. Principal Place Business - No P.O. Box # 3. Mailing Address 610 LOS LOS LOS SONOS 5201 Blve LOS						
Suite, Ant	por #8	Suite, Apt #/etc.	£9.	01142008 Chg-	P CR2E034	(12/06)
City & Stat	ani El	City & state	Il.	4. FEI Number	50877	Applied For Not Applicable
Zip	Country	Zip 22/2/2	Country	5. Certificate of Status D		8.75 Additional
	5. Name and Address of Current!	Pagistered Agent		7 Name and Address o		e Required
5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent						
MEREK, C		(P.O. Box Number is Not Ac	90			
	Street Address (P.O. Box Number is Not Acceptable) MI, FL 33183					
			5201 _x	DIVE LOG	00nDr F	100-AJ
			\perp \mathcal{M}_{IG}	ani /	FL FL	33126
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.						
(Dle - 14 ax 1.						
SIGNATURE.	Signature, typed o printed ame of registered agent a	and title if applicable (NOTE.	Registered Agent signature require	d when reinstating)	DATE	
		9. Election Campaig	n Financino \$5	.00 May Be		,
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0			led to Fees		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS CHANGES	TO OFFICERS AND D	IRECTORS IN 11
TITLE	P	☐ Delete	TITLE -/6	esi deel		Change
NAME	MEREK, OLGA		NAME V	erk, 0190	ን	`` ' '
STREET ADDRESS CITY-ST-ZIP	6368 SW 138 PATH MIAMI, FL 33183		STREET ADORESS CITY-ST-ZIP	of Blue Low	aoon Dr F	Torts.
TITLE	s	Delete	TITLE 110	mitt.3	13126 V	Change Addition
NAME	SUAREZ, REBECA		NAME -	icebreside	ent.	
STREET ADDRESS CITY-ST-ZIP	6368 SW 138 PATH MIAMI, FL 33183		STREET ADDRESS SU	arez, Rebe	ea.	- Thorth
TITLE	VP	☐ Delete	TITLE 59	OI Blue, M	agoon u	Change Addition
NAME	GUDINO MONTILLA, RICARDO JESUS NAME			amy Mas	33126.	
STREET ADDRESS CITY-ST-ZIP	6368 SW 138 PATH		STREET ADDRESS CITY-ST-7IP	1	4	[
TITLE	MIAMI, FL 33183	Delete	TITLE - ViG	a busido	,, f. — v	Change Addition
NAME	MENDEZ, SELENA	N Delete	NAME 27		Tilla Pi	ando Jesus
STREET ADDRESS CITY-ST-ZIP	6368 SW 138 PATH	·	STREET ADDRESS CITY-ST-ZIP	DINOMONT	7/10 , NICE	The HO
TITLE	MIAMI, FL 33183	☐ Delete	TITLE A	ani Fi	2000000	Change Addition
NAME	MARINUZZI TINELLI, ELEANA S	-	NAME		, and	2 change
STREET ADDRESS	6368 SW 138 PATH		STREET ADDRESS	1		
CITY-ST-ZIP	MIAMI, FL 33183	☐ Delete	TITLE	rector.		Change Addition
NAME		Delete	NAME Ya	rinuzzi Tin	elli, Elit	195 Auditor
STREET ADDRESS			STREET ADORESS	or Blue Law	9000 Dr	Floorts
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for		d in Chapter 19 Flevide S	1.33/26 .	that the intermetion
12. 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 it 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 the empowered of the corporation of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, 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 it 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: Ulgaryer Description of Figure 2 Description of Descrip						
	SIGNATURE AND TYPEO OR P	KIN I ED NAME OF SIGNING OFFICER O	N DIKECION	D <i>y</i> fte	Dayt	ime Phone #