


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000008096  
 1. Entity Name  
 WORLD RESOURCES CAFE, INC.



Principal Place of Business      Mailing Address  
 719 LINCOLN RD                      719 LINCOLN RD  
 MIAMI BEACH, FL 33139 US      MIAMI BEACH, FL 33139 US

**DO NOT WRITE IN THIS SPACE**



01222004    No Chg-P    CR2E034 (10/03)

4. FEI Number 65-0550376	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 TAKARADA, HIROMI  
 346 NE 93 STREET  
 MIAMI, FL 33138

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	PD TAKARADA, HIROMI 719 LINCOLN RD MIAMI BEACH, FL 33139
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 01/28/04-80149-019 150.00

**DO NOT WRITE IN THIS SPACE**

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 all the like empowered

SIGNATURE: *[Signature]*      1/23/04      305-756-5639  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #