<u>200</u>4 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 28, 2004 08:00 AM Secretary of State **DOCUMENT # P95000008096** WORLD RESOURCES CAFE, INC. Principal Place of Business Mailing Address 719 LINCOLN RD 719 LINCOLN RD MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 01222004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0550376 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TAKARADA, HIROMI --- DO NOT WRITE **346 NE 93 STREET** MIAMI, FL 33138 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulred when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME TAKARADA, HIROMI STREET ADDRESS 719 LINCOLN RD U00000018828 01/28/04-80149-019 150.00 CITY-ST-ZIP MIAMI BEACH, FL 33139 FITTE NAME STREET ADDRESS COY-ST-7/P TITLE NAME. STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with the filling does not qualify for the exemption stated in Section 119.07(3XI), Florida Statutes. I further certify that the information indicated on this report or supplemental report is five 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 employered 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 apother like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADORESS CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR