


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000066627**  
1. Entity Name  
**PAVLOV WORLD CORPORATION**



Principal Place of Business      Mailing Address  
**150 CORBIN PLACE**      **150 CORBIN PLACE**  
**APT 25**      **APT 25**  
**BROOKLYN, NY 11235**      **BROOKLYN, NY 11235**

**DO NOT WRITE IN THIS SPACE**



03032004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0608047**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PAVLOV, IGOR**  
**16711 COLLINS AVE**  
**#701**  
**SUNNY ISLES, FL 33160**

**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 \_\_\_\_\_ (NOTE, Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**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	DPST PAVLOV, IGOR 16711 COLLINS AVE. #701 MIAMI BCH., FL 33160
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03/29/04-80039-004 150.00

**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 other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/23/04  
Date

Daytime Phone # \_\_\_\_\_