

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90135 020 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000066627
 1. Entity Name
PAVLOV WORLD CORPORATION

90045481

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 150 Corbin Place Suite, Apt. #, etc. Apt. 25	3. Mailing Address 150 Corbin Place Suite, Apt. #, etc. Apt. 25
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DO NOT WRITE IN THIS SPACE

City & State Brooklyn NY	City & State Brooklyn, NY	4. FEI Number 65-0608047	Applied For Not Applicable
Zip 11235	Country USA	Zip 11235	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **Igor Pavlov**

Street Address (P.O. Box Number is Not Acceptable)
16711 Collins Ave

Suite 701

City **Sunny Isles** FL Zip Code **33160**

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE DPST	Igor Pavlov	TITLE	
NAME	16711 Collins Ave., #701	NAME	
STREET ADDRESS	Miami Beach, FL 33160	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE Igor Pavlov **03/03/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)