04/28/04 WED 08:32 FAX

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Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90390 022 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000080734

1. Entity Name:
WORLD BUSINESS CENTER, INC.

a accountant would obtain this form. Thanks 44041029 Regina

Principal Place of Business	Mailing Address
28 WEST FLAGLER STREET SUITE 700 MIAMI, FL 33130	28 WEST FLAGLER STREET SUITE 700 MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE

04272004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0781256

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FIGLIOLINO, SANDRA C
28 WEST FLAGLER STREET
SUITE 700
MIAMI, FL 33130

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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 of previously named Registered Agent for the address in (6). (NOTE: Registered Agent signature required when changing)

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	PD
NAME	FIGLIOLINO, SANDRA C
STREET ADDRESS	28 WEST FLAGLER STREET SUITE 700
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	VICE-PRESIDENT
NAME	DE OLIVEIRA, ROBERTO L.
STREET ADDRESS	28 W. FLAGLER ST STE 700
CITY-ST-ZIP	MIAMI FL 33130
TITLE	MANAGING DIRECTOR
NAME	DE OLIVEIRA, ROBSON L
STREET ADDRESS	28 W. FLAGLER ST STE 700
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 below, I 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 blank unless authorized.

SIGNATURE: _____ 4/27/04 305-416-4922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone