

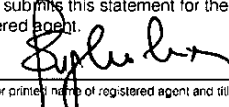
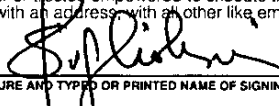


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 27, 2005 8:00 am**  
**Secretary of State**

05-27-2005 90022 008 \*\*\*158.75

<b>DOCUMENT # P97000080734</b>					
<b>1. Entity Name</b> WORLD BUSINESS CENTER, INC.					
<b>Principal Place of Business</b> 28 WEST FLAGLER STREET SUITE 700 MIAMI, FL 33130			<b>Mailing Address</b> 28 WEST FLAGLER STREET SUITE 700 MIAMI, FL 33130		
<b>2. Principal Place of Business</b> 28 W Flagler Street Suite, Apt. #, etc. Suite # 702 City & State Miami FL Zip 33130 Country USA			<b>3. Mailing Address</b> 28 W Flagler Street Suite, Apt. #, etc. Suite # 702 City & State Miami FL Zip 33130 Country USA		
					
05192005      Chg-P      CR2E034 (10/03)					
<b>4. FEI Number</b> 65-0781256				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required					
<b>6. Name and Address of Current Registered Agent</b> DE OLIVEIRA, SANDRA C.F.L. 28 WEST FLAGLER STREET SUITE 700 MIAMI, FL 33130			<b>7. Name and Address of New Registered Agent</b> Name DE OLIVEIRA, SANDRA C.F.L. Street Address (P.O. Box Number is Not Acceptable) 28 W Flagler Street Suite # 702 City Miami      FL      Zip Code 33130		
<b>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.</b> SIGNATURE:  DATE: 05/20/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	PS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DE OLIVEIRA, SANDRA C.F.L.		NAME		
STREET ADDRESS	28 WEST FLAGLER STREET SUITE 700		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33130		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DE OLIVEIRA, ROBERTO L		NAME		
STREET ADDRESS	28 WEST FLAGLER STREET SUITE 700		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33130		CITY - ST - ZIP		
TITLE	MGRD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DE OLIVEIRA, ROBSON L		NAME		
STREET ADDRESS	28 WEST FLAGLER STREET SUITE 700		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33130		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
<b>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 an other like empowered.</b>					
<b>SIGNATURE:</b> 			05/20/05      (507) 416 4922		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date      Daytime Phone #</small>		