

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90384 044 ***150.00

DOCUMENT # P98000045994

1. Entity Name
WORTH INVESTMENTS, INC.



Principal Place of Business

**550 BILTMORE WAY
STE 740
CORAL GABLES, FL 33134**

Mailing Address

**550 BILTMORE WAY
STE 740
CORAL GABLES, FL 33134**

DO NOT WRITE IN THIS SPACE



04162004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0843154

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARTIN, PEDRO A
C/O GREENBERG, TRAURIG ET AL
1221 BRICKELL AVE
MIAMI, FL 33133**

**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

Signature, typed or printed name of registered agent and title if applicable.

(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	PD
NAME	ROGER, OSCAR
STREET ADDRESS	550 BILTMORE WAY STE 740
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	DVS
NAME	CASTRO, MAYREN R
STREET ADDRESS	500 BILTMORE WAY STE 740
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VT
NAME	HERNANDEZ, ARNALDO
STREET ADDRESS	550 BILTMORE WAY STE 740
CITY-ST-ZIP	CORAL SPRINGS, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

Mayren R. Castro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #