

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 24, 2006 08:00 AM
Secretary of State

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**



03312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0843154	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARTIN, PEDRO A
C/O GREENBERG, TRAUIG 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, 2006 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	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/05/06-80052-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Mayren R. Castro **Mayren R. Castro** 4/17/06 305-448-4091

Date

Daytime Phone #