## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P98000045994

1. Entity Name

WORTH INVESTMENTS, INC.



FILED Apr 10, 2007 08:00 Al Secretary of State

Principal Place of Business

550 BILTMORE WAY STE 740

CORAL GABLES, FL 33134

Mailing Address

550 BILTMORE WAY STE 740

CORAL GABLES, FL 33134



03282007

No Chg-P

CR2E034 (11/05)

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

DO NOT WRITE IN THIS SPACE

KING, RUSSELL L % CAMNER, LIPSITY & POLLER, S.A. 550 BILTMOTE WAY - SUITE 700 CORAL GABLES, FL 33134

## 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. Lam familiar with, and accept the obligations of registered agent.					
SIGNATURE					
FIL After M	E NOW!!! FEE I\$ \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees	
10.	0. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROGER, OSCAR 550 BILTMORE WAY STE 740 CORAL GABLES, FL 33134				U00000697557
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS CASTRO, MAYREN R 500 BILTMORE WAY STE 740 CORAL GABLES, FL 33134		i		000000697557 04/18/07-80046-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HERNANDEZ, ARNALDO 550 BILTMORE WAY STE 740 CORAL SPRINGS, FL 33134		1.	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·			
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filling 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

4/2/07

Daytime Phone #