
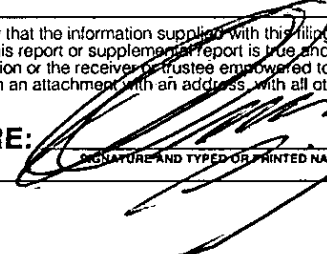


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000054014 1. Entity Name WORLD MAGAZINES, INC.			
Principal Place of Business 3787 WEST 18TH AVENUE HIALEAH, FL 33012		Mailing Address 3793 W 18TH AVE HIALEAH, FL 33012	
2. Principal Place of Business 10190 COLLINS AVE.		3. Mailing Address 10190 COLLINS AVE.	
Suite, Apt. #, etc. # 101		Suite, Apt. #, etc. # 101	
City & State BAL HARBOR FL.		City & State BAL HARBOR FL.	
Zip 33154	Country	Zip 33154	Country
4. FEI Number 65-0862007		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 SECHI, OLGA 3795 W 18TH AVENUE HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name SECHI, OLGA Street Address (P.O. Box Number is Not Acceptable) 10190 COLLINS AVE # 101 City BAL HARBOR FL Zip Code 33154	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BALADO, ARMANDO O 3787 WEST 18TH AVENUE HIALEAH, FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BALADO, ARMANDO O. 10190 COLLINS AVE # 101 BAL HARBOR FL. 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 the empowered.			
SIGNATURE: 		ARMANDO O. BALADO P. 4-18-05 305-866 6121	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

50042465



04142005 Chg-P CR2E034 (10/03)