

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90179 036 ***150.00

DOCUMENT # P98000074638

1. Entity Name
WORLD MORTGAGE BANKERS, INC.



Principal Place of Business

104 CRANDON BLVD
#323
KEY BISCAIYNE, FL 33149 US

Mailing Address

104 CRANDON BLVD
#323
KEY BISCAIYNE, FL 33149 US

94069463



2. Principal Place of Business

104 CRANDON BLVD
#417

3. Mailing Address

104 CRANDON BLVD
#417

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KEY BISCAIYNE FL

City & State

KEY BISCAIYNE, FL

Zip

33149

Country

U.S.A.

Zip

33149

Country

U.S.A.

04152004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0086593

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SAKS, KEITH W
1450 MADRUGA AVE, #305
MIAMI, FL 33146

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME ECHEVERRIA, GUSTAVO
STREET ADDRESS 104 CRADON BLVD, #323
CITY-ST-ZIP KEY BISCAIYNE, FL 33149

TITLE P.D. ☒ Change ☐ Addition
NAME GUSTAVO ECHEVERRIA
STREET ADDRESS 104 CRANDON BLVD #417
CITY-ST-ZIP KEY BISCAIYNE FL 33149

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: GUSTAVO ECHEVERRIA

04/21/04 305 703812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #