

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90038 004 \*\*\*158.75

**DOCUMENT # S21476**

1. Entity Name  
**WORLD CONTINENTS, INC.**

Principal Place of Business  
**4779 TIVOLI PLACE  
SARASOTA, FL 34235-3649**

Mailing Address  
**4779 TIVOLI PLACE  
SARASOTA, FL 34235-3649**

**00010001**



01132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0284641</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**MAROTTO, DANTE M.  
4779 TIVOLI PLACE  
SARASOTA, FL 34235-3649**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DPS
NAME	CZEISLER, LUDWIG
STREET ADDRESS	4779 TIVOLI PLACE
CITY - ST - ZIP	SARASOTA, FL 342353649

TITLE	DVT
NAME	CZEISLER, CARMEN
STREET ADDRESS	4779 TIVOLI PLACE
CITY - ST - ZIP	SARASOTA, FL 342353649

TITLE	D
NAME	ALEJANDRO CZEISLER
STREET ADDRESS	4779 TIVOLI PLACE
CITY - ST - ZIP	SARASOTA Florida 34235-3649

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:** *Ludwig Czeisler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ludwig Czeisler* **1/28/05** **941**  
Date Daytime Phone #