2004 FOR PROFIT CORPORATIO  ANNUAL REPORT	FILED
DOCUMENT # P0200007567  1. Entity Name WORLD WASTE SERVICES, INC.	04 FEB 27 AM 10: 38
Principal Place of Business Mailing Address	SECRETARY OF STATE TALLAHYSSFE, FLORIDA
4701 NW 35TH AVE.  PEMBROKE PINES, FL 33028  4701 NW 35TH AVE.  PEMBROKE PINES, FL 33028	
2. Principal Place of Business (1) 3. Mailing Address (2)	
Suite, Apt. #, etc. Suite, Apt. #, etc.	35 / O2162004 Chg-P CR2E034 (10/03)
Of City State Claude and City of and	02162004 Chg-P CR2E034 (10/03)  -4. FEI Number Applied For
GRALLO GOURN N ZEALLO COM	1 01-0586987   Not Applicable of Status Desired   \$8.75 Additional
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KASS, MARK E ESQ. 1497 NW 7TH STREET	Name Street Address (P.O. Box Number is Not Acceptable)
MIAMI, FL 33125	
	City 03/01/0401038 <b>FI</b> 4 2**P15.00
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  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees	
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution  io. OFFICERS AND DIRECTORS 11.	
IITLE D Delete IITL NAME SAROZA, MARTHA	LE Change Addition
STREET ADDRESS 16280 NW 9TH DRIVE	REET ADDRESS 4701 NW 35 TA AND.  Y-ST-ZIP - Mi-and Cf. 33112
TITLE S Delete IITI	LE She Addition
STREET ADDRESS 16820 NW 9TH DRIVE	REET ADDRESS MICH. 33142
TITLE S Delete TITL  NAME ADAM, MICHAEL NAME	1 415A
•	REET ADDRESS UNION NW355 WYST-ZIP WA ZONE PL 331/2
TITLE S - Delete - TITLE NAME SMITH, RAUL	
	REET ADDRESS PORNWESS MYST-ZIP MY 200 PL 33142
TITLE S Delete TITL  NAME MARZANO, ANGELO NAM	
	reet address midmi, Rl. 33712
TITLE Delete TITT NAME NAME	ME
	REET ADDRESS IY-ST-ZIP
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes, I further certify that the information indicated on this report or suppliemental report of the composition of the receiver or incustee impoweed 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 advices, with a other like empowered.	
12. I hereby certify that the information supplied with this filling does not qualify for the exindicated on this report or supplemental reports the and accurate and that my signs of the corporation or the receiver or trustee ampowered to execute this report as required as no an attackness.	remption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information attree shall have the same legal effect as if made under oath; that I am an officer or director uired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if
12. I hereby certify that the Information supplied with his filling does not qualify for the exindicated on this report or supplemental report is the and accurate and that my signs of the corporation or the receiver or trustee impoweed to execute this report as required, or on an attachment with an advices, with all other like empowered. SIGNATURE:	remption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information attree shall have the same legal effect as if made under oath; that I am an officer or director uired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if