

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
May 28, 2008
Secretary of State**

DOCUMENT# P02000007567

Entity Name: WORLD WASTE SERVICES, INC.

Current Principal Place of Business:

4701 NW 35TH AVE.
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

4701 NW 35TH AVE.
MIAMI, FL 33142

New Mailing Address:

FEI Number: 01-0586987 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KASS, MARK E ESQ.
1497 NW 7TH STREET
MIAMI, FL 33125 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SAROZA, MARTHA
Address: 4701 NW 35TH AVE.
City-St-Zip: MIAMI, FL 33142

Title: PT () Delete
Name: ROBERT, SAROZA
Address: 4701 NW 35TH AVE.
City-St-Zip: MIAMI, FL 33142

Title: SV () Delete
Name: ADAM, MICHAEL
Address: 4701 NW 35TH AVE.
City-St-Zip: MIAMI, FL 33142

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SV (X) Change () Addition
Name: ADAMS, MICHAEL
Address: 4701 NW 35TH AVE.
City-St-Zip: MIAMI, FL 33142

Title: VP/D () Change (X) Addition
Name: DAMASO, EILEEN
Address: 4701 NW 35 AVE
City-St-Zip: MIAMI, FL 33142

Title: VP/D () Change (X) Addition
Name: SAROZA, ROBERT, JR.
Address: 4701 NW 35 AVE
City-St-Zip: MIAMI, FL 33142

Title: VP/D () Change (X) Addition
Name: REVALES, RONALD E
Address: 4701 NW 35 AVE
City-St-Zip: MIAMI, FL 33142

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADAMS, MICHAEL

SV

05/28/2008

Electronic Signature of Signing Officer or Director

Date