

2006 FOR PROFIT CORPORATION ANNUAL REPORT


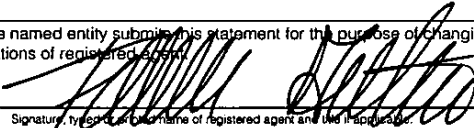
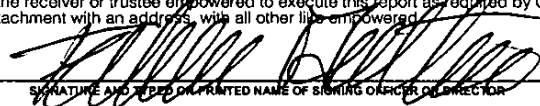
FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90253 032 ***150.00

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01062006 Chg-P CR2E034 (11/05)

DOCUMENT # 641975					
1. Entity Name WORLDWIDE TRAVEL & CRUISES, INC.					
Principal Place of Business 8784 S.W. 8TH STREET MIAMI, FL 33174-3201 US			Mailing Address 8784 SW 8TH ST MIAMI, FL 33174-3201 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ACEITUNO, ARTURO 8320 MILLER DR MIAMI, FL 33155				Name ACEITUNO, FELICIANA	
				Street Address (P.O. Box Number is Not Acceptable)	
				8320 MILLER DRIVE	
				City MIAMI	FL 33155
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 				DATE JANUARY 6, 2006	
Signature, typed or printed name of registered agent and the filer, as applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PD ACEITUNO, ARTURO 8320 MILLER DRIVE MIAMI, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ACEITUNO, FELICIANA 8320 MILLER DRIVE MIAMI, FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ACEITUNO, FELICIANA 8320 MILLER DRIVE MIAMI, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemptions contained 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 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: 				DATE JANUARY 6, 2006 305 223 2323	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	