

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F93000003967

**FILED**  
**Jan 28, 2011**  
**Secretary of State**

**Entity Name:** WORLDWIDE INSURANCE ASSOCIATES, INCORPORATED

**Current Principal Place of Business:**

600 CAMERON STREET  
ALEXANDRIA, VA 22314 US

**New Principal Place of Business:**

**Current Mailing Address:**

600 CAMERON STREET  
ALEXANDRIA, VA 22314 US

**New Mailing Address:**

**FEI Number:** 54-1680483

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ALMARAZ, JAMES L  
WORLDWIDE INSURANCE ASSOCIATES, INC.  
8350 NW 52ND TER. STE. 306  
DORAL, FL 33166 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:** DSV  
**Name:** MCKENTY, RUTH A  
**Address:** 331 N PITT STREET  
**City-St-Zip:** ALEXANDRIA, VA 22314 US

**Title:** DVPT  
**Name:** ALMARAZ, JAMES L  
**Address:** 9820 NW 47TH TERR.  
**City-St-Zip:** MIAMI, FL 33178 US

I hereby 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 all other like empowered.

**SIGNATURE:** RUTH A. MCKENTY

MS

01/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date