


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90006 039 \*\*\*150.00

<b>DOCUMENT # F95124</b> 1. Entity Name <b>WORLDWIDE RELATIONS MORTGAGE CORP.</b>					
Principal Place of Business <b>717 PONCE DE LEON BLVD</b> <b>SUITE 322</b> <b>CORAL GABLES, FL 33134 US</b>			Mailing Address <b>717 PONCE DE LEON BLVD</b> <del><b>STE 322</b></del> <b>CORAL GABLES, FL 33134-2050 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. <b>SUITE 311</b>		Suite, Apt. #, etc. <b>SUITE 311</b>			
City & State		City & State		4. FEI Number <b>59-2210361</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GARCIA, RICARDO</b> <b>6325 SW 92 CT</b> <b>MIAMI, FL 33173</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS: <b>GARCIA, RICARDO</b> <b>6325 SW 92 CT</b> <b>MIAMI, FL 33173</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 exemption.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/26/07 305-441-0644 <small>Date Daytime Phone #</small>		

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