

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2006 8:00 am**  
**Secretary of State**

01-24-2006 90016 015 \*\*\*150.00

**DOCUMENT # F99000004323**

1. Entity Name  
WORLD FUEL SERVICES AMERICAS, INC.



Principal Place of Business

9800 NW 41 ST  
#400  
MIAMI, FL 33178

Mailing Address

9800 NW 41 ST  
#400  
MIAMI, FL 33178

**DO NOT WRITE IN THIS SPACE**



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number 13-3799507	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DCEO
NAME	KASBAR, MICHAEL <i>Delete</i>
STREET ADDRESS	9800 NW 41 ST #400
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	<i>President, Director</i>
NAME	SCOPPETUOLO, STEVE
STREET ADDRESS	9800 NW 41 ST. #400
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	S
NAME	DIAZ, ISABEL
STREET ADDRESS	9800 NW 41 ST #400
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	D
NAME	STEBBINS, PAUL <i>Delete</i>
STREET ADDRESS	9800 NW 41 ST #400
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	P
NAME	TOCCI, ROBERT <i>Delete</i>
STREET ADDRESS	9800 NW 41 ST #400
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	<i>Assistant Secretary</i>
NAME	<i>Rego Carlos</i>
STREET ADDRESS	<i>9800 NW 41 ST #400</i>
CITY-ST-ZIP	<i>MIAMI FL 33178</i>

**DO NOT WRITE  
IN THIS SPACE**

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:

*Isabel Diaz Sect. 1/13/06 (305) 424-8041*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #