


# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 AUG 25 PM 1:38


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # H13929</b> 1. Entity Name <b>WORLD FUEL SERVICES CORPORATION</b>	
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Principal Place of Business <b>9800 NW 41 ST #400 MIAMI, FL 33178</b>	Mailing Address <b>9800 NW 41 ST #400 MIAMI, FL 33178</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  Zip      Country	City & State  Zip      Country
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08232006      Chg-P      CR2E034 (11/05)

4. FEI Number <b>59-2459427</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CEO STEBBINS, PAUL 9800 NW 41 STREET MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE	
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	<b>600079228616</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>08/29/06--01058--023    **61.25</b>
TITLE	S GARCIA, ILEANA 9800 NW 41 STREET MIAMI, FL 33178 <input checked="" type="checkbox"/> Delete	TITLE	S Lake, R. Alexander <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<b>9800 NW 41 Street</b>
STREET ADDRESS		STREET ADDRESS	<b>Miami, FL 33178</b>
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PD KASBAR, MICHAEL 9800 NW 41 STREET MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP SHEA, FRANCIS 9800 NW 41 STREET MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP TOCCI, ROBERT 9800 NW 41 STREET MIAMI, FL 33178 <input checked="" type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T LOWE, RICARDO 9800 NW 41 STREET MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: R. Alexander Lake      8/23/06      305-428-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #