




**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # M51721 1. Entity Name THE "W" SERVICES INC.		
Principal Place of Business C/O FLORA PEREZ 19950 N.W. 83RD AVE. MIAMI, FL 33015	Mailing Address C/O FLORA PEREZ 19950 N.W. 83RD AVE. MIAMI, FL 33015	
DO NOT WRITE IN THIS SPACE		
		 01102007 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-2799205 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
PEREZ, FLORA 19950 N.W. 83RD AVE. — MIAMI, FL 33013		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PEREZ, WILFRED 19950 NW 83 AVE HIALEAH, FL 33015	<div>U00000586472 01/16/07-80055-005 150.00</div> DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PEREZ, FLORA 19950 NW 83 AVE HIALEAH, FL 33015	
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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 empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/9/07 305 4282221 <small>Date Daytime Phone #</small>