Apr 27 2007 11:13AM P&P ACCOUNTING

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Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90408 006 ***150.00

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2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M62807

1. Entity Name
AMERICA'S WORLD SALES, INC.

Principal Place of Business	Mailing Address
7370 N.W. 35TH STREET MIAMI, FL 33122	7370 N.W. 35TH STREET MIAMI, FL 33122

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1601 N.W. 82nd AVENUE	1601 N.W. 82nd Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33126 Country: USA	Zip: 33126 Country: USA

04272007 Chg-P CR2E034 (12/06)

4. FEI Number: 65-0012629 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALJURE, RENE 7370 N.W. 35TH STREET MIAMI, FL 33122	Name: RENE ALJURE Street Address (P.O. Box Number is Not Acceptable): 1601 N.W. 82nd Avenue City: MIAMI FL Zip Code: 33126

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: Rene Aljure 04/27/07
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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALJURE, RENE 7370 N.W. 35TH ST. MIAMI, FL 33122	☐ Delete	PD RENE ALJURE 1601 N.W. 82nd AVENUE, MIAMI, FL 33126	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ALJURE, INGRID D 7370 N.W. 35TH ST. MIAMI, FL 33122	☐ Delete	SD INGRID DINSE ALJURE 1601 N.W. 82nd Avenue, Miami, FL 33126	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 added, above.

SIGNATURE: Ingrid Dinse Aljure 04/27/07 (305) 477-4941
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #