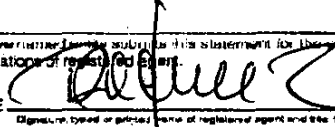
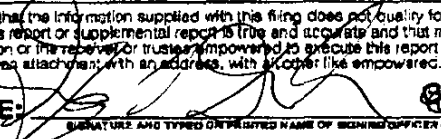


FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90408 006 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # M62807			
1. Entity Name AMERICA'S WORLD SALES, INC.			
Principal Place of Business 7370 N.W. 35TH STREET MIAMI, FL 33122		Mailing Address 7370 N.W. 35TH STREET MIAMI, FL 33122	
2. Principal Place of Business - No P.O. Box # 1601 N.W. 82nd AVENUE		3. Mailing Address 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
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 ALJURE, RENE 7370 N.W. 35TH STREET MIAMI, FL 33122		7. Name and Address of New Registered Agent 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 undersigned hereby 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 the filer (please print):		(NOTE: Registered Agent signature required when registering.) 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 Fee	
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RENE ALJURE 1601 N.W. 82nd AVENUE, MIAMI, FL 33126 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALJURE, INGRID D 7370 N.W. 35TH ST. MIAMI, FL 33122 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD INGRID DINSE ALJURE 1601 N.W. 82nd Avenue, Miami, FL 33126 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 on an attachment with an address, with a power of attorney.			
SIGNATURE: 		Ingrid Dinse Aljure 04/27/07 (305) 477-4941	
Signature typed or printed name of signing officer or director		Date Daytime Phone #	

40089021



04272007 Chg-P CR2E034 (12/06)