2004 FOR PROFIT CORPORATION . ANNUAL REPORT (AR)

DOCUMENT # P000000 15397 1. Entity Name WORLD SERVICES LIMITED INC								FILED Mar 01, 2004 08:00 AM Secretary of State					
WORLD SERVICES LIMITED, INC.								~					
Principal Plac	e of Busines	5	Mailir	Mailing Address]		1				
2132 HESS HOLIDAY F				2132 HESS DRIVE HOLIDAY FL 34691						1111 11111 11 11111 1111	IBB 1165 8 101 11 1 0. 7	5)TT1 1 (BW)	
2. Principal P	Place of Busin	ness	3. Ma	3. Mailing Address									
Suite, Apt.				Suite, Apt. #, etc.				MOOF	E C	R2E034	<u> </u>		
City & Stat	e	<u> </u>		City & State			4. FI	El Number 59-	3624483		No	plied For t Applicable	
Z ip	Country 6. Name and Address of Current			Zip Country			<u> </u>	ertificate of Statu		<u>ئ</u> تا .	8.75 Add ee Required		
	and Address	Name	7. N	ame and Addres	s of New Red	gistered Ac	jent						
343	ALMERIA	JTRERA, P.				(P.O. Bo	ox Number is Not	Acceptable)					
COF	KAL GAB	LES FL 33 [.]	134			City					Zip Code		
						l				FL	J :		
	named entit tions of regis		tatement for the purp	cose of changing its	s register	ed office or registe	ered age	ent, or both, in the	State of Flori	da. I am fa	miliar with,	and accept	
SIGNATURE													
ł .		!! FEE IS \$1						9. Election Ca	empaion Fina	ncina	<u> </u>	O May Be	
After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State							Ì		Contribution.			to Fees	
10.			CERS AND DIRECTO	 DRS	11.		ADI	DITIONS/CHANG	ES TO OFFIC	ERS AND I	DIRECTORS	i i i i i i	
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12. I hereby of indicated of the cor	certify that th I on this repo rporation or t	e information su rt or supplemer he receiver_or to	upplied with this filing Ital report is true and Tustee empowered to	a does not qualify for accurate and that repor-	or the exe my signa t as requ	emption stated in Se ature shall have the ired by Chapter 60	ection f same le 7, Floric	l (9.07(3)(i), Florid egal effect as if m da Statutes, and t	a Staīutes. I i ade under oa nat my name	urther certil uth, that I an appears in	y that the in n an officer Block 10 or	ntormation or director Block 11 if	
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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													
SIGNAT		ANA.	Ill.					8/27/	04	ノスフ	813 O	542	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE