


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P0000090233
 1. Entity Name
WORLDWIDE IMMIGRATION SERVICES, INC.



Principal Place of Business Mailing Address
 819 NORTH PINE HILL ROAD 819 NORTH PINE HILL ROAD
 ORLANDO, FL 32808 ORLANDO, FL 32808



04132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3673093 Not Applicable

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

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

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

U00000344295
 04/29/05-80130-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOUGLAS, LORNA E 819 NORTH PINE HILL ROAD ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD URQUHART, MICHELLE D 819 NORTH PINE HILL ROAD ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PENNY, SAMANTHA R 819 NORTH PINE HILL ROAD ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AMOS, KARIM N 819 NORTH PINE HILL ROAD ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Lorna Douglas 4-15-05 (407) 445-0940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #