FILED
May 10, 2004 8:00 am
Secretary of State
05-10-2004 90477 044 ***550.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000057965

1. Entity Name
WORLD SALES WHOLESALE, INC.

44045158

05042004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
1028 WINDING WATER CIRCLE WINTER SPRINGS, FL 32708	1028 WINDING WATER CIRCLE WINTER SPRINGS, FL 32708

2. Principal Place of Business	3. Mailing Address
1255 Belle Avenue	1255 Belle Avenue
Suite, Apt. #, etc. Suite 150	Suite, Apt. #, etc. Suite 150
City & State Winter Springs FL	City & State Winter Spring FL.
Zip 32708 Country Seminole	Zip 32708 Country Seminole

4. FEI Number 59-3727636 ☐ 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
CABRERA, DAISY S 1028 WINDING WATERS CIRCLE WINTE SPRINGS, FL 32708	Name Daisys Cabrera Street Address (P.O. Box Number is Not Acceptable) 3071 Goldsboro place City Oviedo FL Zip Code 32765

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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	P CABRERA, DAISY 1028 WINDING WATERS CIRCLE WINTER SPRINGS, FL 32708	☐ Delete	TITLE P NAME Cabrera, Deysi STREET ADDRESS 3071 Goldsboro PL CITY-ST-ZIP Oviedo, FL 32765	☑ 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
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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 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: [signature] 05/05/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #