


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P01000057965</b>			<b>FILED</b> 05 FEB -3 AM 9:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA
1. Entity Name WORLD SALES WHOLESALE, INC.			
Principal Place of Business 1255 BELLE AVE STE 150 WINTER SPRINGS, FL 32708		Mailing Address 1255 BELLE AVE STE 150 WINTER SPRINGS, FL 32708	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01132005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3727636	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  CABRERA, DAISY S 1255 BELLE AVE STE 150 OVIEDO, FL 32765		<b>DO NOT WRITE IN THIS SPACE</b>	
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)	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		01/10/05--30141--041 **50.00	
TITLE	P	<b>DO NOT WRITE IN THIS SPACE</b>	
NAME	CABRERA, DEYSI		
STREET ADDRESS	3071 GOLDSBORO PL		
CITY - ST - ZIP	OVIEDO, FL 32765		
TITLE			
NAME			
STREET ADDRESS		<b>DO NOT WRITE IN THIS SPACE</b>	
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
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TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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: _____		01/28/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	