


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90065 028 ***150.00

DOCUMENT # P01000077417

1. Entity Name
WORLDWIDE PAYPHONE SERVICES, INC.



Principal Place of Business
**1200 SW 127TH COURT
 MIAMI, FL 33184**

Mailing Address
**1200 SW 127TH COURT
 MIAMI, FL 33184**

2. Principal Place of Business
2416 SW 138 CT

3. Mailing Address
2416 SW 138 CT

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33175 Country

Zip
33175 Country



4. FEI Number
65-1144815

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**DIAZ, WILLIAM
 1200 SW 127TH COURT
 MIAMI, FL 33184**

7. Name and Address of New Registered Agent

Name
DIAZ, VICENTE

Street Address (P.O. Box Number is Not Acceptable)
2416 SW 138 CT

City
MIAMI FL Zip Code
33175

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 \$150.00 After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input checked="" type="checkbox"/> Delete
NAME	DIAZ, WILLIAM	
STREET ADDRESS	1200 SW 127TH COURT	
CITY-ST-ZIP	MIAMI, F; 33184	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PSTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIAZ, VICENTE	
STREET ADDRESS	2416 SW 138 CT	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: *Vicente of Diaz* **VICENTE DIAZ - PRES** Date: *01/27/05* (5786)317-3684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR