

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # P02000134028 1. Entity Name WORLDWIDE APPAREL INC.		Secretary of State 					
Principal Place of Business 7360 CORAL W3AY STE 21 MIAMI, FL 33155		Mailing Address 7360 CORAL W3AY STE 21 MIAMI, FL 33155					
DO NOT WRITE IN THIS SPACE		 03132008 No Chg-P CR2E034 (11/05)					
		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number 06-1667398</td><td style="width: 20%;">Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required</td></tr></table>		4. FEI Number 06-1667398	Applied For Not Applicable	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent CORANADO, NESTOR 7360 CORAL W3AY STE 21 MIAMI, FL 33155		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 _____ 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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE					
DPV PALLISSO, JORGE A 3700 GALT OCEAN DR #1508 FT LAUDERDALE, FL 33308							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
DS PALLISSO, MARIA S 3700 GALT OCEAN DR #1508 FT LAUDERDALE, FL 33308							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Jorge A Pallisso By R.C.</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>3/13/08</i> Daytime Phone # <i>(305) 267-1092</i>					