


**FILED**  
**May 29, 2007 8:00 am**  
**Secretary of State**

|  |  |  |  |
|--|--|--|--|
| <b>DOCUMENT # P05000065654</b><br>1. Entity Name<br><b>WORLDWIDE INVESTMENT &amp; CONSULTING GROUP, INC.</b>   |  |   |  |
| Principal Place of Business<br><b>2457 W. 72ND STREET<br/>HIALEAH, FL 33016 US</b>   |  | Mailing Address<br><b>2457 W. 72ND STREET<br/>HIALEAH, FL 33016 US</b>   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>12530 SW 96 CT</b>  |  | 3. Mailing Address<br><b>12530 SW 96 CT</b>  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |  |
| City & State<br><b>MIAMI FL</b>  |  | City & State<br><b>MIAMI FL</b>  |  |
| Zip<br><b>33176</b>  |  | Country<br><b>MIAMI-DADE</b>   |  |
| 6. Name and Address of Current Registered Agent<br><b>MEDEROS, ANGEL<br/>2457 W. 72ND STREET<br/>HIALEAH, FL 33016</b>   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
| 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 reappointing) DATE _____   |  |  |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2007 Fee will be \$550.00  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                  |  |
| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>PSD<br>VALLADARES, ALEXANDER F<br>2457 W. 72ND STREET<br>HIALEAH, FL 33016 <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition              |  |
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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: _____   |  | 4-18-07 305-971-2050   |  |
| SIGNATURE AND TITLE FOR PRINCE NAME OF SIGNING OFFICER OR DIRECTOR   |  | Date Daytime Phone #   |  |