## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000024154

PALMA, ALMA

1535 S. WICKHAM RD

WEST MELBOURNE, FL 32904 US

Name:

Address:

City-St-Zip:

Apr 30, 2008 Secretary of State

Entity Name: WORLDWIDE CONSTRUCTION MANAGEMENT CONTRACTING & INTERIORS INC.

**Current Principal Place of Business: New Principal Place of Business:** 1535 SOUTH WICKHAM ROAD 7750 N.W. 71 STREET WEST MELBOURNE, FL 32904 MIAMI, FL 33166 **Current Mailing Address: New Mailing Address:** 7750 N.W. 71 STREET 1535 SOUTH WICKHAM ROAD WEST MELBOURNE, FL 32904 MIAMI, FL 33166 FEI Number: 20-8586612 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WORLDWIDE LAND HOLDINGS, LLC 9554 NW 41ST STREET DORAL, FL 33178 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition LICONA, CARLOS LICONA, CARLOS Name: Name: 9554 NW 41ST STREET 7750 N.W. 71 STREET Address: Address: City-St-Zip: DORAL, FL 33178 US City-St-Zip: MIAMI, FL 33166 US ٧S Title: ٧S Title: () Delete (X) Change ( ) Addition TOMAS, JOAQUIN Name: TOMAS, JOAQUIN Name: 9554 NW 41ST STREET 7750 N.W. 71 STREET Address: Address: DORAL, FL 33178 US MIAMI, FL 33178 US City-St-Zip: City-St-Zip: Title: (X) Change ( ) Addition CFO ( ) Delete Title: CFO TOMAS, JOAQUIN TOMAS, JOAQUIN Name: Name: 9554 NW 41ST STREET 7750 N.W. 71 STREET Address: Address: City-St-Zip: DORAL, FL 33178 US City-St-Zip: MIAMI, FL 33166 US Title: VD (X) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

Ρ SIGNATURE: CARLOS LICONA 04/30/2008