## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000043645

City-St-Zip: MIAMI, FL 33135 US

Entity Name: WORLDWIDE LINEN SERVICES, CORP.

FILED Apr 10, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
836 SW 2 MIAMI, FL	22 AVENUE . 33135 US			
Current Mailing Address:			New Mailing Address:	
836 SW 2 MIAMI, FL	22 AVENUE - 33135 US			
FEI Number	r: 26-2524146	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:
626 EAST	O, GUSTAVO 47 STREET , FL 33013	US		
	e named entity te of Florida.	submits this statement for the	ourpose of changing its registere	d office or registered agent, or both,
SIGNATU	IRE:			
	Electro	nic Signature of Registered Ag	ent	Date
Election Ca	ampaign Financir	ng Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
		rono.	ADDITIONS/CHANGI	ES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	SERRANO, GL 626 EAST 47 S	) Delete JSTAVO STREET	ADDITIONS/CHANGI Title: Name: Address: City-St-Zip:	ES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition
Name: Address:	SERRANO, GU 626 EAST 47 S HIALEAH, FL	) Delete USTAVO STAVO 33013 US ) Delete EJANDRO (ENUE	Title: Name: Address:	
Name: Address: City-St-Zip: Title: Name: Address:	SERRANO, ĜL 626 EAST 47 S HIALEAH, FL VP ( CORREA, ALE 836 SW 22 AV MIAMI, FL 33° T ( PEREZ, IRENE 626 EAST 47 S	) Delete JSTAVO STREET 33013 US ) Delete EJANDRO /ENUE 135 US ) Delete E I STREET	Title: Name: Address: City-St-Zip: Title: Name: Address:	() 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.

City-St-Zip:

SIGNATURE: GUSTAVO SERRANO P 04/10/2009