



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000043867</b>		
1. Entity Name <b>WORLDWIDE IMPORT EXPORT SERVICES OF MIAMI, INC.</b>		
Principal Place of Business <b>7360 NW 56TH ST. MIAMI, FL 33166</b>		Mailing Address <b>7360 NW 56TH ST. MIAMI, FL 33166</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		 04262004 No Chg-P CR2E034 (10/03)
		4. FEI Number <b>65-0501997</b> Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>PEREZ, GUILLERMO C 7360 NW 56TH ST. MIAMI, FL 33166</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 reinstating) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CHAPETON PEREZ, GUILLERMO 7360 NW 56TH ST. MIAMI, FL 33166	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHAPETON, ELIBET 7360 NW 56TH ST. MIAMI, FL 33166	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAPETON, MYRIAM 7360 NW 56TH ST. MIAMI, FL 33166	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/20/04 305 885X332 Date Daytime Phone #