



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000043867			
1. Entity Name WORLDWIDE IMPORT EXPORT SERVICES OF MIAMI, INC.			
Principal Place of Business 7360 NW 56TH ST. MIAMI, FL 33166		Mailing Address 7360 NW 56TH ST. MIAMI, FL 33166	
DO NOT WRITE IN THIS SPACE			
		 03282005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0501997	Applied For <input checked="" type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREZ, GUILLERMO C 7360 NW 56TH ST. MIAMI, FL 33166		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<div>U000000282508 03/31/05-80045-015 150.00</div> DO NOT WRITE IN THIS SPACE	
TITLE	PT		
NAME	CHAPETON PEREZ, GUILLERMO		
STREET ADDRESS	7360 NW 56TH ST.		
CITY - ST - ZIP	MIAMI, FL 33166		
TITLE	VP		
NAME	CHAPETON, ELIBET		
STREET ADDRESS	7360 NW 56TH ST.		
CITY - ST - ZIP	MIAMI, FL 33166		
TITLE	S		
NAME	CHAPETON, MYRIAM		
STREET ADDRESS	7360 NW 56TH ST.		
CITY - ST - ZIP	MIAMI, FL 33166		
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)(f), 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: _____		3/28/05 305 881 4332	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone</small>	