


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000053187 1. Entity Name WORLD WIDE FREIGHT SERVICES OF MIAMI, INC.	
-------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 7360 N.W. 56 STREET MIAMI, FL 33166	Mailing Address 7360 N.W. 56 STREET MIAMI, FL 33166
-------------------------------------------------------------------------------	-------------------------------------------------------------------



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0674270	Applied For <input 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 CHAPETON, GUILLERMO 1170 FALLS BLVD WESTON, FL 33327

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000135841
04/28/04 80076-013 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CHAPETON, GUILLERMO 7360 NW 56 ST. MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHAPETON, ELIBET 7360 NW 56 ST. MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAPETON, HIRIAM 7360 NW 56 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	

**DO NOT WRITE
IN THIS SPACE**

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 #