


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000073999		
1. Entity Name WORLDWIDE BUSINESS & CORPORATE SERVICES, INC.		
Principal Place of Business 2655 LEJEURRE ROAD PH-2C CORAL GABLES, FL 33134	Mailing Address 2655 LEJEURRE ROAD PH-2C CORAL GABLES, FL 33134	



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0801053	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SOTO, OSVALDO N
2655 LEJURRE ROAD
PH- 2C
CORAL GABLES, FL 33134

**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 obligation of the agent.

SIGNATURE _____
(Signature typed or printed name to register)

Applicable (NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

00000000000000000000
02/06/08-30041-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SOTO, OSVALDO N
STREET ADDRESS	2655 LEJURRE ROAD, PH-2C
CITY- ST- ZIP	CORAL GABLES, FL 33134

TITLE	SD
NAME	SOTO, BERTILA
STREET ADDRESS	2655 LEJURRE ROAD, PH-2C
CITY- ST- ZIP	CORAL GABLES, FL 33134

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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 exemptions contained 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 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

1/23/08

Date

3/267-0010

Daytime Phone #