2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000073999

1. Entity Name

WORLDWIDE BUSINESS & CORPORATE SERVICES, INC.



Principal Place of Business

2655 LEJEURRE ROAD

PH-2C

CORAL GABLES, FL 33134

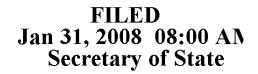
Mailing Address

2655 LEJEURRE ROAD

PH-2C

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORAL GABLES, FL 33134





01082008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0801053 Applied For Not Applicable

5. Certificate of Status Desired

\$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

SIGNATURE:

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the obligation of the control of the purpose of changing its registered office of registered agent, of both, in the State of Fronda. I am familiar with, and accept the obligation of the control of the control of the purpose of changing its registered office of registered agent, of both, in the State of Fronda. I am familiar with, and accept the obligation of the control of the purpose of changing its registered office of registered agent, of both, in the State of Fronda. It am familiar with, and accept the obligation of the control of the purpose of changing its registered office of registered agent, of both, in the State of Fronda.				
SIGNATURA	Entire Syped or presentation of segue	_pplicable (NOTE: Registered	d Agent signature required when reinstating)	UATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Can Trust Fund C			scing \$5.00 May 8e	02/06/08-80041-021 150.00
10. OFFICERS AND DIRECTORS				a a figure
NAME STREET ADDRESS CITY-SI-ZIP	PD SOTO, OSVALDO N 2655 LEJURRE ROAD, PH-2C CORAL GABLES, FL 33134		17 - 13 mar. 1 m	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOTO, BERTILA 2655 LEJURRE ROAD, PH-2C CORAL GABLES, FL 33134			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP			IN '	THIS SPACE
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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate end that my stignature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of floated 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 wity an addless, with all other like empowered.				