

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000005136**

1. Entity Name

WORLDWIDE TRAVEL SERVICES, INC.



Principal Place of Business

4037 METRIC DRIVE  
STE 120  
WINTER PARK, FL 32792 US

Mailing Address

4037 METRIC DRIVE  
STE 120  
WINTER PARK, FL 32792 US



04142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3422311

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LOWNDES DROSOICK DOSTER KANTOR & REED  
215 N EOLA DRIVE  
ORLANDO, FL 32802

**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 re-installing)

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

000000122363  
04/21/04-80026-006 150.00

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME ELMASRI, AMIR  
STREET ADDRESS 4037 METRIC DRIVE STE 120  
CITY-ST-ZIP WINTER PARK, FL 32792

TITLE T  
NAME VECCIA, DENNIS  
STREET ADDRESS 4037 METRIC DRIVE STE 120  
CITY-ST-ZIP WINTER PARK, FL 32792

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

4/19/04

407-384-4220

x1606