


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90039 039 \*\*\*150.00

<b>DOCUMENT # P97000020730</b> 1. Entity Name WORLDWIDE AIRCRAFT REWIND INC.	
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Principal Place of Business 13130 SW 128 ST UNIT 5 MIAMI, FL 33186 US	Mailing Address <del>2825 SW 93 CT.</del> <del>MIAMI, FL 33165</del> 13130 SW 128 <sup>th</sup> St #5 Miami, FL 33186
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**50002112**




01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0734230	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE.**

6. Name and Address of Current Registered Agent  IGLESIAS, ALFREDO R 2825 SW 93RD COURT MIAMI, FL 33165
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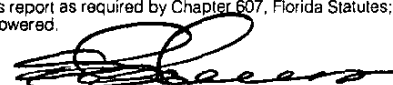
**DO NOT WRITE  
IN THIS SPACE**

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  02-22-08 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP IGLESIAS, ALFREDO R <del>2825 SW 93RD CT</del> <del>MIAMI, FL 33165</del> 13264 SW 252 LANE Miami, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV S IGLESIAS, ROBERTO L 14019 SW 10 ST. MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST IGLESIAS, HERIBERTO D 2825 SW 93 CT. MIAMI, FL 33165 <b>REMOVE</b>
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 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: <u>ALFRED IGLESIAS</u>  02/22/08 305-251-5550 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>