2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000067304

Entity Name: WORLD-WIDE CONCESSIONS, INC.

FILED Jan 05, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
MIAMI INT'L MIAMI, FL					
Current Mailing Address:			New Mailing Address:		
PO BOX 99 MIAMI, FL 3					
FEI Number:	65-0771973	FEI Number Applied For () FEI Num	nber Not Appli	Olicable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	d Address of New Registered Agent:	
	IOSE G. DBAY DR. #30 YNE, FL 3314				
The above in the State		submits this statement for the purpose o	of changing it	its registered office or registered agent, or both,	
SIGNATUR	E:				
	Electron	ic Signature of Registered Agent		Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title:	KNIGHT, III, DE 8260 NW 156 T HIALEAH, FL 33	ERR	Title: Name: Address: City-St-Zip: Title:	VP (X) Change () Addition KNIGHT, III, DEWEY 8260 NW 156 TERR HIALEAH, FL 33016 () Change () Addition	
Name: Address: City-St-Zip:	PERRY, WILLIA 340 NE 94 ST MIAMI, FL 3313	MR.	Name: Address: City-St-Zip:	()	
Title: Name: Address: City-St-Zip:	S () ALBERNI, ILEAI 430 GRAND BA KEY BISCAYNE	Y DR #306	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () AMARO, PEDRO 14240 SW 33 S MIAMI, FL 3317	O JR T	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	T () ALBERNI, JOSE 430 GRAND BA KEY BISCAYNE	Y DR. #306	Title: Name: Address: City-St-Zip:	PT (X) Change () Addition ALBERNI, JOSE G 430 GRAND BAY DR. #306 KEY BISCAYNE, FL 33149	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	VP () Change (X) Addition CARBAJAL, JORGE 14372 SW 18 ST. MIAMI, FL 33175	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE G ALBERNI PT 01/05/2005