2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000069533

1. Entity Name
WORLD ENTERPRISES INT., INC.



FILED Jan 18, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

20220 HIGHLAND LAKES BLVD NORTH MIAMI BEACH, FL 33179 20220 HIGHLAND LAKES BLVD NORTH MIAMI BEACH, FL 33179



01082007

No Chg-P

CR2E034 (11/05)

4. FEI Number NOT APPLICABLE

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Applied For Not Applicable

5. Certificate of Status Desired

\$8

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

REYES, OLGA M 20220 HIGHLAND LAKES BLVD NORTH MIAMI BEACH, FL 33179

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8. The above the obligat	named entity submits this statement for the pritions of registered agent.	urpose of changing its registere	d office or	registered agent, or b	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE.							
0.	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	Agent signatur	e required when reinstating)	DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS WORLD ENTERPRISES INT, INC 20220 HIGHLAND LAKES BLVD NORTH MIAMI BEACH, FL 33179				U000000000010		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000590913 01/19/07-80001-025 158.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	O NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE			
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 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

OLGA MATIC

EYES I

01/09/07 305-9311444