

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90045 001 ***150.00

DOCUMENT # P97000081596 1. Entity Name WORLD FUEL SERVICES COMPANY, INC.			
Principal Place of Business %WORLD FUEL SERVICES CORPORATION 700 SOUTH ROYAL POINCIANA BLVD. MIAMI SPRINGS, FL 33166		Mailing Address %WORLD FUEL SERVICES CORPORATION 700 SOUTH ROYAL POINCIANA BLVD. MIAMI SPRINGS, FL 33166	
2. Principal Place of Business 900 NW 41 ST Suite, Apt. #, etc. #400		3. Mailing Address 900 NW 41 ST Suite, Apt. #, etc. #400	
City & State Miami FL		City & State Miami FL	
Zip 33178 Country USA		Zip 33178 Country USA	
4. FEI Number 65-0781171		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION 1200 S PINE ISLAND RD. PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSTP <input type="checkbox"/> Delete DIAZ, ISABEL 700 S ROYAL POINCIANA BLVD, STE 800 MIAMI SPRINGS, FL 33146	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Isabel Diaz		President Isabel Diaz (35) 488-0411	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	