

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90170 049 ***150.00

DOCUMENT # P97000105044					
1. Entity Name WORLDWIDE CAPITAL INVESTMENTS, INC.					
Principal Place of Business 12901 MCGREGOR BLVD SUITE 1B FT. MYERS, FL 33919			Mailing Address PO BOX 61608 FT. MYERS, FL 33902		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0809031	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SINIBALDI, DEAN A SR. 12901 MCGREGOR BLVD #1B FORT MYERS, FL 33919			Name Street Address (P.O. Box Number is Not Acceptable) City		
State			Zip Code		
FL			FL		
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: DATE: 4/21/04					
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).					
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	VPST SINIBALDI, DEAN A. 2701 CLEVELAND AVE STE 9 FT. MYERS, FL 33901		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST Dean A. Sinibaldi 12901 McGregor Blvd #1B Fl. Myers, FL 33901	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SINIBALDI, DEAN A SR 12901 MCGREGOR BLVD #1B FORT MYERS, FL 33919		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: Dean A. Sinibaldi DATE: 4/21/04 (239) 940-2492					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					