## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 23, 2007 08:00 Al Secretary of State

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DOCUMENT # V57014  1. Entity Name WORLDWIDE INTERNATIONAL PRODUCT CORPORATION, INC.							; ;	Secr	etary	of St
Principal Plac	e of Business		Mailing Address		<del> </del>					
·			<del>-</del>							
8173 NW 60TH STREET Miami, Fl 33166 US			8173 NW 60TH STREET Miami, Fl 33166 US							
MINNI, FE 33100 03 MINNI, FE 33100 03						( 1850 800				
2. Principal P	Place of Business -	No P.O. Box #		-						
Suite, Apt.	# etc		Suite Ant # etc	Suite, Apt. #, etc.						
			,			04162007	Chg-P	CR2E0	34 (12/06)	
City & State			City & State		4. FEI Numb				plied For Applicable	
Zip	Co	Zip Count		try	5. Certificate of Status Desired \$8.75 Additional		itional			
	6 Name and	Podletored Agent		7. Name and Address of New Registered Agent						
6. Name and Address of Current Registered Agent Name							Address of New R	aðistaran v	(Bailt	
DEFERRARI, HUGO 8173 N.W. 60TH ST					Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL 33166										
					City			FL	Zip Code	•
8. The above	named entity subi	mits this statement for	the purpose of changing its	register	ed office or registe	ered agent, or bo	oth, in the State of Flo		amiliar with, a	and accept
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required								DATE		
wignesser, typodes, printed name of registred agent and later appropries (the net insgration Agent signature registred). OATE										
	E NOW!!! FEE ay 1, 2007 Fe	: IS \$150.00 e will be \$550.0	9. Election Campa Trust Fund Cont	~	· _ + •	5.00 May Be ded to Fees				
10.		OFFICERS AND I	DIRECTORS	11.		ADDITIONS	/ CHANGES TO OFF	ICERS AND	DIRECTORS	IN 11
TITLE	DP		☐ Detete	TITLI	E				Change	Addition
NAME	DEFERRARI, S			NAM	E					
STREET ADDRESS 8173 NW 60TH STREET					ET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 331	166		CITY	-ST-ZIP					
TITLE	DS		☐ Delete	TITLE	<u> </u>				Change	Addition
NAME	DEFERRARI, S	SERGIO		NAM	E					
STREET ADDRESS	8173 NW 60TF				ET ADDRESS					ļ
CITY-ST-ZIP	MIAMI, FL 331			CITY	-ST-ZIP					
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NAME				NAM						
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NAME				NAM	i		05/01/0	M-ROI	10-013	150.00
STREET ADDRESS					ET ADDRESS					
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NAME				NAM	1					
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TITLE			☐ Delete	TITLE					Change	Addition
NAME	1	•		MAM	- ;					
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP	<u> </u>				-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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: 4/20/07										