

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90045 019 ***158.75

DOCUMENT # P96000095217

1. Entity Name
 WORLDWIDE TOURISM SERVICES, INC.



Principal Place of Business 6161 BLUE LAGOON DR STE. 290 MIAMI, FL 33126 US	Mailing Address 6161 BLUE LAGOON DR STE. 290 MIAMI, FL 33126 US
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2. Principal Place of Business - No P.O. Box # 6161 Blue Lagoon DR Suite, Apt. #, etc. Suite 190 City & State Miami, FL Zip 3326	Country USA	3. Mailing Address 6161 Blue Lagoon DR Suite, Apt. #, etc. Suite 190 City & State Miami, FL Zip 33126	Country USA
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Barcode: 01112007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0719740	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SUAREZ, JUAN A
 6161 BLUE LAGOON DR
 STE. 290
 MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name	Street Address (P.O. Box Number is Not Acceptable)	City	State	Zip Code
	6161 Blue Lagoon DR Suite 190	Miami	FL	33126

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 _____
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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV SUAREZ, JUAN A 6161 BLUE LAGOON DR STE 290 MIAMI, FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MIYARES, RAUL 6161 BLUE LAGOON DR STE 290 MIAMI, FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SCARONE, CARMEN 6161 BLUE LAGOON DR STE 290 MIAMI, FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEBB, ROSA M 6161 BLUE LAGOON DR STE 280 MIAMI, FL 33128	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6161 Blue Lagoon DR STE 190 Miami, FL 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6161 Blue Lagoon DR STE 190 Miami, FL 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6161 Blue Lagoon DR STE 190 Miami, FL 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 616 Blue Lagoon DR STE 190 Miami, FL 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: RAUL S. MIYARES SECRETARY 1/23/07 305-260-3807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #