


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000095217 1. Entity Name WORLDWIDE TOURISM SERVICES, INC.	
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FILED
 08 JUL 28 PM 1:11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 6161 BLUE LAGOON DR STE. 190 MIAMI, FL 33126 US	Mailing Address 6161 BLUE LAGOON DR STE. 190 MIAMI, FL 33126 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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07232008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0719740	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SUAREZ, JUAN A 6161 BLUE LAGOON DR STE. 190 MIAMI, FL 33126	7. Name and Address of New Registered Agent Name: Osman J. Vila Esq. Street Address (P.O. Box Number is Not Acceptable): 2320 Ponce De Leon Blvd. 2nd floor City: Coral Gables FL Zip Code: 33134
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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: *Osman J. Vila* (NOTE: Registered Agent signature required when reinstating) DATE: 7/24/08

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV SUAREZ, JUAN A 6161 BLUE LAGOON DR STE 190 MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300134356463 08/12/08--01008--016 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MIYARES, RAUL 6161 BLUE LAGOON DR STE 190 MIAMI, FL 33126	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition Director Raul Miyares 6161 Blue Lagoon Drive Suite 190 Miami, Fl. 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SCARONE, CARMEN 6161 BLUE LAGOON DR STE 190 MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEBB, ROSA M 6161 BLUE LAGOON DR STE 190 MIAMI, FL 33128	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 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 Miyares* Date: 07/24/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

07/28