



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

04-11-2007 90032 013 ***150.00

DOCUMENT # P03000080707 1. Entity Name WORLDWIDE INTERNATIONAL LIMO & CAR, INC.					
Principal Place of Business 215 SE 3RD AVENUE SUITE 502 C HALLANDALE, FL 33009			Mailing Address 215 SE 3RD AVENUE SUITE 502 C HALLANDALE, FL 33009		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 20-1809166	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DOUGLAS, KLINGHOFFER 373 ANSIN BOULEVARD HALLANDALE, FL 33009				7. Name and Address of New Registered Agent Name Douglas Klinghoffer Street Address (P.O. Box Number is Not Acceptable) 1009 N. Ocean Boulevard Suite 80 Suite 809 City Pampano Beach, FL - 33062 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 <u><i>Douglas Klinghoffer</i></u> (NOTE: Registered Agent signature required when reinstating) DATE					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES LAMONA, LARRY 23 PROMENADE DES ANGLAIS VADUZ, LICHTENSTEIN, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HERDIN, BRUNO 14 FISCHERSTRASSE ZIRNDORF, GERMANY, <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Maria Geradine Dickert 215 SE 3rd Ave Hallandale Beach, FL - 33009 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST VIERUS, DIRK 145 WESELERSTRASSE OBERHAUSEN, GERMANY, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T.J. Dickert 3020 East Wallisville Road Baytown, Texas - 77521 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	GM DICKERT, C.T. 215 SE 3RD AVENUE HALLANDALE, FL 33009 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Independent Consultant Charles G Dickert 215 SE 3rd Ave Suite 502 C Hallandale Beach, FL 33009 <input type="checkbox"/> Delete		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"/> Delete		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: <u><i>Maria Geradine Dickert</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Maria Geradine Dickert					