


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P92000006898

1. Entity Name
WORLDWIDE MANAGEMENT, INC.



Principal Place of Business
268 SW 32ND CT
FORT LAUDERDALE, FL 33315

Mailing Address
268 SW 32ND CT
FORT LAUDERDALE, FL 33315 US

DO NOT WRITE IN THIS SPACE

02192008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0379166 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

VAZ, PETER D
268 SW 32ND CT
FORT LAUDERDALE, FL 33315

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTSD
NAME	VAZ, PETER D
STREET ADDRESS	1812 SW 10TH AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/05/08-80011-022-150.00

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: *Peter D. Vaz, Pres.* **2-20-08** **954 768-4875**

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