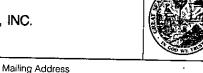
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P96000076764 DOCUMENT # 1. Entity Name WORLDWIDE GERMAN CONNECTION, INC.



Principal Place of Business

239 DOLPHIN COVE



239 DOLPHIN COVE BONITA SPRINGS FL 34134 BONITA SPRINGS FL 34134

**FILED** Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90093 001 \*\*\*150.00

US	US					
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & St	ate	City & State		4. FEI Number 65-0693686	0071/08/0000	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
<del>,</del>	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registe	ered Agent	
BAGGE, BIRGITT			Name	Name		
2:39 DOLPHIN COVE E-ONITA SPRINGS FL 34134			Street Add	ress (P.O. Box Number is Not Acceptable)		
			City		<b>□</b> Zip Code	
P The above	o nomed entity at heart the	<del>,</del>	1 1	gistered agent, or both, in the State of Florida.	FL Zip Code	
SIGN ATURE	Signature, typed or printêd name of registered age		E: Registered Agent signature re		am lamillar with, and accept	
Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department	0 of State		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS	AND DIDECTORS III	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DAGGE, BIRGITT 239 DOLPHIN COVE BONITA SPRINGS FL 34134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONO/CHANGES TO OFFICERS	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		` □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	,	· Change Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP