


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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PROFIT CORPORATION ANNUAL REPORT				FLORIDA DEPARTMENT OF STATE Sandra B. Northerm Secretary of State CORPORATIONS	
2001					
DOCUMENT #					
1. Corporation Name		P99000078578			
WHERE TO LIMOUSINE INC					

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG -6 PM 4:37

Principal Place of Business		Mailing Address	
1011 NE 204th Lane North Miami Beach Fl 33179		Same	

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		2a		65-0963035		Not Applicable	
Suite, Apt. # etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		30			
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Prieto, Jesus A 4020 SW 6 Street Miami Fl 33134				81 Name Sharon Kraft ABC Bookkeeping Serv			
				82 Street Address (P.O. Box Number is Not Acceptable) 4435 SW 26th Avenue			
				83			
				84 City Ft Lauderdale			
				85 Zip Code 33312			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE SHARON KRAFT Sharon Kraft 7/27/01

Signature typed or printed name of registered agent and the filer if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
PD Mendez Tomas E 1011 NE 204th Lane N Miami Beach Fl 33179							
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
VD BOBBIE MCCARTY 1011 NE 204 Lane N Miami Beach Fl 33179							
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
				200004549252--5 -08/22/01--01076--021 ****150.00 ****150.00			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Tomas Mendez 4/16/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

20 FR

**ABC BOOKKEEPING SERVICE
4435 SW 26TH AVENUE
FT LAUDERDALE FLORIDA 33312
(954- 966-8083)**

JULY 5, 2001

DEPT OF STATE
DIVISION OF CORPORATIONS
REINSTATEMENT DIVISION
P O BOX 6327
TALLAHASSEE FL 32314

RE: WHERE TO LIMOUSINE INC P99000078578

& MCCARTY CONSULTING INC P00000037109

BOTH OF THESE CORPORATIONS, I AM NAMED AS REGISTERED AGENT. I DID NOT RECEIVE RENEWAL FOR EITHER CORPORATION FOR YEAR 2001. I TYPED BLANK FORMS OUT AND MAILED WITH THEIR CHECKS FOR \$150.00 EACH. THIS WAS APRIL 16. TO DATE NEITHER CHECK HAS CLEARED THE BANK FOR THESE TWO CLIENTS. I CALLED YOUR OFFICES LAST WEEK AND THEY INFORMED ME THAT NOTHING HAD BEEN RECEIVED. I AM THEREFORE SENDING 2 NEW REPORTS WITH REPLACEMENT CHEKCS ON EACH CORPORATION. WE ARE RESPECTFULLY REQUESTING REINSTATEMENT OF THESE TWO CORPORATIONS.

THANK YOU FOR YOUR TIME AND ATTENTION TO THIS MATTER.

SINCERELY,


SHARON KRAFT
ABC BOOKKEEPING SERVICE

COPY TO: TOMAS E. MENDEZ, PRES

BARBARA ISREAL, PRES.