FILED
Jun 12, 2007 8:00 am
Secretary of State

05-23-2007 90026 036 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000148176

1. Entity Name
NATIONWIDE MORTGAGE BANKERS, CORP

Principal Place of Business	Mailing Address
601 NORTH CONGRESS AVE STE 115A DELRAY BEACH, FL 33445	1425 NW 192 TERRACE MIAMI, FL 33169

66018935

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
618 NE 124 St.	8757 Baystone Cove
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. Miami, FL	City & State: Boynton Beach FL.
Zip: 33161 Country: Dade.	Zip: 33437 Country: Palm Beach

05082007 Chg-P CR2E034 (12/06)

4. FEI Number: 14-1992757 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DIEUVIL, GUILFORT 1425 NW 192 TERRACE MIAMI, FL 33169	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIEUVIL, GUILFORT 1425 NW 192 TERRACE MIAMI, FL 33169	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIEUVIL, GUILFORT 1425 NW 192 TERRACE MIAMI, FL 33169	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 05/01/07 7863445497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #