

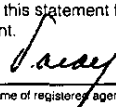
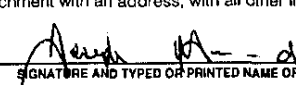


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90077 029 \*\*\*158.75

DOCUMENT # P97000098981 1. Entity Name NATIONWIDE FINANCE, INC.					
Principal Place of Business 2550 NW 72ND AVE STE 110 MIAMI, FL 33122 US		Mailing Address 13800 SW 8TH ST. SUITE 259 MIAMI, FL 33184 US			
2. Principal Place of Business		3. Mailing Address		<p style="text-align: right; font-size: 24px;"><b>94006272</b></p> 	
Suite, Apt. #., etc.		Suite, Apt. #., etc.			
City & State		City & State			
_ Zip _		_ Zip _		01132004 Chg-P CR2E034 (10/03)	
Country		Country		4. FEI Number 65-0827423	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HERNANDEZ, JOSEPH 13800 S W 8TH STREET SUITE 259 MIAMI, FL 33184			Name <b>TONY VALDES, CPA</b>		
			Street Address (P.O. Box Number is Not Acceptable)		
			2550 NW 72 AVENUE SUITE 111		
			City MIAMI		
			FL 33122		
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: 1/14/04	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		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	PSTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HERNANDEZ, JOSEPH	NAME			
STREET ADDRESS	13800 S W 8TH STREET, SUITE 259	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33184	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 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: 				Date: 01/14/04 305-640-9840	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	