


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90113 037 ***150.00

DOCUMENT # 375185	
1. Entity Name NATIONWIDE MANAGEMENT CORP.	

Principal Place of Business 2601 BISCAYNE BLVD. POST OFFICE DRAWER 370308 MIAMI, FL 33137	Mailing Address 2601 BISCAYNE BLVD. POST OFFICE DRAWER 370308 MIAMI, FL 33137
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2. Principal Place of Business - No P.O. Box # 2601 Biscayne Blvd.	3. Mailing Address 2601 Biscayne Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI, FL	City & State MIAMI, FL
Zip 33137	Zip 33137
Country USA	Country USA

03262007 Chg-P CR2E034 (12/06)

4. FEI Number 59-1315974	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RODRIGUEZ, ANTONIO 2601 BISCAYNE BLVD. MIAMI, FL 33137
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7. Name and Address of New Registered Agent 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOLDSTEIN, MICHELLE		NAME	
STREET ADDRESS 2601 BISCAYNE BLVD		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL		CITY-ST-ZIP	
TITLE DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILLER, ROGER		NAME	
STREET ADDRESS 2601 BISCAYNE BLVD.		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL		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
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 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 and Typed or Printed Name of Signing Officer or Director** **President** **Date** 4/26/07 **Daytime Phone #** 305 526-6333