

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000004499

1. Entity Name
NATIONWIDE EVALUATION SERVICES, INC.



Principal Place of Business
**20451 NW 2ND AVENUE SUITE 120
MIAMI, FL 33169**

Mailing Address
**20451 NW 2ND AVENUE SUITE 120
MIAMI, FL 33169**



05052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1022478

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

**DAVIS, SHARENA
20451 NW 2ND AVENUE SUITE 120
MIAMI, FL 33169**

**DO NOT WRITE
IN THIS SPACE**

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 re/instating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
DAVIS, SHARENA
20451 NW 2ND AVENUE SUITE 120
MIAMI, FL 33169**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
RITHOLTZ, JEFFERY
7 SOUTH COTTAGE
VALLEY STREAM, NY 11580**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

00000554811
05/16/06-80005-025 158.75

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IN THIS SPACE**

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

Sharena Davis
5/5/06 305-493-1212