

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90011 050 \*\*\*150.00

**DOCUMENT # F26472**

1. Entity Name

**NATIONWIDE MARKETING AND MANAGEMENT CORPORATION**



Principal Place of Business

10825 NW 29TH MANOR  
3  
FORT LAUDERDALE FL 33322

Mailing Address

P.O. BOX 450987  
18  
SUNRISE FL 33345-0987

2. Principal Place of Business

10825 NW 29 MANOR  
Suite, Apt. #, etc.  
# 3

3. Mailing Address

PO Box 450987  
Suite, Apt. #, etc.

City & State

SUNRISE, FL

City & State

SUNRISE

Zip

33322-1023

Country

USA

Zip

FL

Country

33345-0987

4. FEI Number

59-2092721

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GORDON, HARRY  
10825 NW 29TH MANOR UNIT 3  
SUNRISE FL 33322

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, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME GORDON, HARRY  
STREET ADDRESS 10825 NW 29TH MANOR UNIT 3  
CITY-ST-ZIP SUNRISE FL 33322

TITLE VP ☐ Delete  
NAME GORDON, LUZ M  
STREET ADDRESS 10825 NW 29 MANOR, UNIT 3  
CITY-ST-ZIP FORT LAUDERDALE FL 33322

TITLE VP ☐ Delete  
NAME GORDON, JILL B  
STREET ADDRESS 1210 NW 48 PLACE  
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 2, 2004

Date

Daytime Phone #

(954) 742-0966