


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90050 033 \*\*\*150.00

<b>DOCUMENT # F26472*</b>	
<b>1. Entity Name</b>	
<b>NATIONWIDE MARKETING AND MANAGEMENT CORPORATION</b>	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
10825 NW 29 MANOR 3 FORT LAUDERDALE FL 33322	P.O. BOX 450987 SUNRISE FL 33345-0987

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	PO Box 450987

<b>City &amp; State</b>	<b>City &amp; State</b>
SUNRISE, FL	SUNRISE, FL
<b>Zip</b>	<b>Country</b>
33345-0987	USA

<b>4. FEI Number</b>	<b>Applied For</b>
59-2092721	Not Applicable
<b>5. Certificate of Status Desired</b>	<b>\$8.75 Additional Fee Required</b>
<input type="checkbox"/>	

<b>6. Name and Address of Current Registered Agent</b>
GORDON, HARRY 10825 NW 29TH MANOR UNIT 3 SUNRISE FL 33322

<b>7. Name and Address of New Registered Agent</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b>	<b>PD</b> <input type="checkbox"/> Delete
<b>NAME</b>	GORDON, HARRY
<b>STREET ADDRESS</b>	10825 NW 29TH MANOR UNIT 3
<b>CITY-ST-ZIP</b>	SUNRISE FL 33322
<b>TITLE</b>	<b>VP</b> <input type="checkbox"/> Delete
<b>NAME</b>	GORDON, LUZ M
<b>STREET ADDRESS</b>	10825 NW 29 MANOR, UNIT 3
<b>CITY-ST-ZIP</b>	FORT LAUDERDALE FL 33322
<b>TITLE</b>	<b>VP</b> <input checked="" type="checkbox"/> Delete
<b>NAME</b>	GORDON, JILL B
<b>STREET ADDRESS</b>	1210 NW 48 PLACE
<b>CITY-ST-ZIP</b>	POMPANO BEACH FL 33064
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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:**  **HARRY GORDON** **PLS 02-02-05 (954) 772-0766**