


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # F26472			
1. Entity Name NATIONWIDE MARKETING AND MANAGEMENT CORPORATION			
Principal Place of Business 10825 NW 29 MANOR 3 FORT LAUDERDALE FL 33322		Mailing Address P.O. BOX 450987 SUNRISE FL 33345-0987	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GORDON, HARRY 10825 NW 29TH MANOR UNIT 3 SUNRISE FL 33322		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 _____			
FILE NOW!!! FEE IS \$150.00		9. Election Campaign Financing	
After May 1, 2008 Fee Will Be \$550.00		Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be	
Make Check Payable to Florida Department of State		Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, HARRY	NAME	
STREET ADDRESS	10825 NW 29TH MANOR UNIT 3	STREET ADDRESS	U00000876099
CITY-ST-ZIP	SUNRISE FL 33322	CITY-ST-ZIP	04/11/08-80060-006 150.00
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, LUZ M	NAME	
STREET ADDRESS	10825 NW 29 MANOR, UNIT 3	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33322	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	

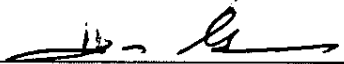


1st MOORE CR2E034 (10/07)

4. FEI Number **59-2092721**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **HARRY GORDON, Pres** **03.26.08** **454-742-0966**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day and Phone #