2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L48812

1. Entity Name

NATIONWIDE TRANSPORTATION SERVICES, INC.



FILED Mar 29, 2007 08:00 A Secretary of State

Principal Place of Business

PO BOX 267518 WESTON, FL 33326 Mailing Address

PO BOX 267518 WESTON, FL 33326



03212007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0172586

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBLEDO, ANTHONY 8180 NW 36TH ST. STE 100 MIAMI, FL 33166

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8. The above the obligat	named entity submits this statement for the plions of registered agent.	ourpose of changing its regi	istered office or re	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Reg	pstered Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. \$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS PRICE, WALTER S PO BOX 267518 WESTON, FL 33326					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000682508 04/05/07-80005-023 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			3	DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. ,		IN THIS SPACE		
TITLE NAME CTREET ADDRESS			,		•	

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 the receiver 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 the light representation.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-07

1-700.721.0200

Daytima Phone #