

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000026354

1. Entity Name
NATIONWIDE RELOCATION SERVICES INC



Principal Place of Business
1700 NW 64TH STREET
SUITE 400
FORT LAUDERDALE, FL 33309

Mailing Address
1700 NW 64TH STREET
SUITE 400
FORT LAUDERDALE, FL 33309



03082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0990215

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DI SORBO, ALDO L JR
1700 NW 64TH STREET
SUITE 400
FORT LAUDERDALE, FL 33309

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

000000157509
05/06/04-80029-014 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
DI SORBO, ALDO L JR
1700 NW 64TH STREET
FORT LAUDERDALE, FL 33309

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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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 supplementary 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: _____ DATE: _____ DAYTIME PHONE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR