

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P0000026354
 1. Entity Name
 NATIONWIDE RELOCATION SERVICES INC



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



DO NOT WRITE IN THIS SPACE

01172005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0990215 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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

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 02/03/05-80030-003 150.00

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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)(c), 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: _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR