2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 01, 2007 8:00 am Secretary of State

DOCUMENT # P02000122198 1. Entity Name FIRST NATIONWIDE WHOLESALER, INC							40026922				
Principal Plac	e of Business	Mailing Address	L -			10056	926				
PO BOX 530		PO BOX 530645			ļ		400				
MIAMI SHORES, FL 33153 MIAMI SHORES, FL 33153			33153		1						
						t Deuren ()			((Ba)		
Principal Place of Business - No P.O. Box # 3. Mailing Address						l 1 111 11111111111					
Suite, Apt.	# BIC	Suite, Apt. #, etc.									
55/6, 750. 1, 56.		Suns, Apr. W. Oto.				02222007	Chg-P	CR2E	034 (12/06)		
City & State		City & State				4. FEI Numbe	er		Ap	plied For	
		<u> </u>				41-206	7815		No	t Applicable	
Zip	Country	Zip	Cour	ntry		5. Certificate	of Status Desired		\$8.75 Add		
]				,				<u>-</u>	Fee Require	i ——	
 	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent							
ISAIAS, GLENDA				Name							
250 NE 97 ST			Street Address (P.O. Box Number is Not Acceptable)								
MIAMI SHORES, FL 33138											
				Į							
)								F	Zip Code	•	
8. The above named entity submits this statement for the purpose of changing its register.					ragietar	ad agent or ho	th in the State of			200 00000	
	tions of registered agent.	ior the purpose or changi	ing its register	ed Ollice Ol	160ister	eu agent, or bu	in, in the State Of I	rioriua. Tai	ii ianiiiai wiin,	апо ассері	
	1,00										
SIGNATURE.	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE: Register)	ed Agent signatu	re required	when reinstating)		DATE			
<u> </u>											
FIL	E NOW!!! FEE IS \$150.00	9. Election Ca	ampaign Fina	ncing	\$ 5.	00 May Be					
	ay 1, 2007 Fee will be \$550	.00 Trust Fund	Contribution		Add	ed to Fees					
10.	OFFICERS AND	D DIRECTORS	11.			ADDITIONS	CHANGES TO O	FEICERS AI	NO DIRECTOR:	3 IN 11	
TITLE	L _D	☐ Delete	TIT		70.					Addition	
NAME	ISAÏAS, GLENDIA	□ bolde	NA)		7.5	AIAS, C	SUENDA 30645 UES-FL		vgv		
STREET ADDRESS	250 NE 97 ST		STF	EET ADDRESS	DO	70x.5	30645	- 0			
CITY-ST-ZIP	MIAMI SHORES, FL 33138		CIT	Y-S1-ZIP	11/1	14/ SHO	WES - Ft.	337.	53		
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NAME			NAN	AE							
STREET ADDRESS				EET ADDRESS							
CITY-ST-ZIP			CIT	Y-Sì-ZIP							
TITLE	!	Delete		1					Change	Addition	
NAME	}		NAI	ſ							
STREET ADDRESS CITY-ST-ZIP	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1	EET ADDRESS Y-St-Zip							
	 			— 						<u> </u>	
TITLE		☐ Delete	. TIŠ NAI		ļ				☐ Change	Addition	
NAME STREET ADDRESS				EET ADDRESS	 						
CITY-ST-ZIP				Y-SI-ZIP							
TITLE		☐ Delete	TIT	LE					☐ Change	Addition	
NAME		5000	NA.								
STREET ADDRESS			STI	REET ADDRESS	Ì						
CITY-ST-ZIP			CIT	Y-\$T-ZIP							
TITLE		☐ Defete	ŢIĬ	LE					☐ Change	Addition	
NAME			NA		1						
STREET ADDRESS	1			REET ADDRESS							
			//	Y. CT. 7IP							

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 accutate 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 judglee empowered to execute this report as equired 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:

MANNE OF SIGNING OFFICER OR DIRECTOR

Daytime Phone if