

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 17, 2004 8:00 am**  
**Secretary of State**

09-17-2004 90003 033 \*\*\*550.00

DOCUMENT # P03000127236	
1. Entity Name NATIONWIDE FINANCIAL SERVICES GROUP INC.	



Principal Place of Business 1840 SW 85 CT MIAMI, FL 33185	Mailing Address 1840 SW 85 CT MIAMI, FL 33185
---	---

24085468



2. Principal Place of Business 7855 NW 12 ST Suite, Apt. #, etc. #202		3. Mailing Address 7855 NW 12 ST Suite, Apt. #, etc. 202	
City & State MIAMI, FL 33126		City & State MIAMI, FL	
Zip 33126	Country DADE	Zip 33126	Country DADE

09132004 Chg-P CR2E034 (10/03)

4. FEI Number 16-1687657	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DIAZ, JOHN A 1840 SW 85 CT MIAMI, FL 33155 7855 NW 12 ST #202 MIAMI, FL 33126		7. Name and Address of New Registered Agent 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 \$550.00**  
**Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAZ, JOHN A 1840 SW 85 CT MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, TR, S JORGE A. DIAZ 7855 NW 12 ST #202 MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIAZ, JOHN A 1840 SW 85 CT MIAMI, FL 33155 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR DIAZ, JOHN A 1840 SW 85 CT MIAMI, FL 33155 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIAZ, JOHN A 1840 SW 85 CT MIAMI, FL 33155 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: John Diaz (President) 9/18/04 (305) 436-6600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #