## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOCUMENT # P06000022819



**FILED** May 27, 2008 8:00 am Secretary of State

1. Entity Name NATIONWIDE FINANCIAL LENDERS, INC.						04-21-2008 90084 009 ***150.00					
Principal Place of Business M			Mailing Address	Mailing Address							
2701 S BAYSHORE DRIVE STE 602 COCONUT GROVE, FL 33133				2701 S BAYSHORE DRIVE STE 602 COCONUT GROVE, FL 33133							
2. Principal Place of Business - No P.O. Box # 3.			3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E03	4 (12/06)		
City & State			City & State	City & State			43844		No	plied For t Applicable	
			Zip				5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
	6. Name	and Address of Current	Registered Agent		Name	7. Name and	Address of New F	Registered Aç	jent		
BRODSKY, HOWARD ESQ. HOWARD BRODSKY, P.A.					Street Address (P.O. Box Number is Not Acceptable)						
2701 S BAYSHORE DRIVE, SUITE 602 COCONUT GROVE, FL 33133						·					
								FL	Zip Code	•	
	named entitions of regist		or the purpose of changing it	s register	ed office or registe	ered agent, or bo	oth, in the State of FI	orida. I am fa	miliar with,	and accept	
SIGNATURE.	Signature, typed	or printed name of registered agent	and title if applicable. (NO	TE: Registere	rd Agent signature require	ad when reinstating)	<del></del>	DATE	<del></del>	<del></del> _	
		FEE IS \$550.00 stember 12, 2008	9. Election Camp Trust Fund Cor	_		5.00 May Be ded to Fees					
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFF	ICERS AND I	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2701 S B	DEZ, PEDRO AYSHORE DRIVE STE IT GROVE, FL 33133	□ Delete		l l				☐ Change	☐ Addition	
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12 I bereby	certify that th	a information augmlied wift	h this filing does not qualify	for the ex	remotions contains	ed in Chapter 11	9. Florida Statutes.	I further certif	v that the in	nformation	

Indicated on this report or supplied with this filling does not quality for the exemptions contained in Chapter 19, Plonda Statutes. Fidther are 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 that exemptions that it may name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## 2008 FOR PROFIT CORPORATION 4/21/2008-90084-009-\$150.00-\$150.00

		ANNUA	LKEPUKI			_				
DOCU	MENT	#P0600002								
1. Entity Name NATIONWIDE FINANCIAL LENDERS, INC.						ATTA AUGAERIT				
					No. 150		$\subseteq \overline{1}$	Nonb	eλ	
Principal Place of Business Mailing Address						-		1 101100		
2701 S BAYSHORE DRIVE STE 602 COCONUT GROVE, FL 33133			2701 S BAYSHORE D COCONUT GROVE, FL	602	20		10nber 84647			
2. Principal P	Place of Busi	ness - No P.O. Box #	3. Mailing Address			(q	le01	223	2	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		04172008	Chg-P	CR2E034 (12/06	5)		
City & State			City & State		1 4001450 500			Applied For		
Zip		Country Zip Cour		ntry '	5. Certificate	of Status Desired	□ \$8.75 A	dditional		
	6. Name	and Address of Curren	t Registered Agent	<u></u>	7. Name and Address of New Registered Agent					
BRODSKY	HOWAR	ON ESO			Name					
HOWARD	BRODSK				Street Address (P.O. Box Number is Not Acceptable)					
		, FL .33133								
	٠.,				City			FL Zip Co	xie	
8. The above	named enti	ry submits this statement	for the purpose of changing it	s register	d office or register	red agent, or bo	th, in the State of Fi	orida. I am lamiliar wit	h, and accept	
the obligat	tions of regis	tered agent.							·	
SIGNATURE.	Signature, types	or printed name of registered age	ni and tide discretable (NC)	TE: Parastare	rd Agent signature required	(when rematation)		DATE	<del></del>	
· · · · · ·				7.2. T. O. G. B. G.			· · · · · · · · · · · · · · · · · · ·	tary,	· · · · · · · · · · · · · · · · · · ·	
		FEE IS \$150.00 8 Fee will be \$550	9. Election Camp Trust Fund Cor			.00 May Be ad to Fees				
10.		OFFICERS ANI	D DIRECTORS	11.		ADDITIONS.	CHANGES TO OFF	ICERS AND DIRECTO	RS IN 11	
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CITY-ST-ZIP					-51- <i>DP</i>					
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CITY-ST-ZIP	<u> </u>				-S1-ZIP					
12. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or trusted glapowered 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 addyss, with all other like empowered.										
SIGNATURE: /// Hoss Hernandez 4/17/08 (305)859 222										
1		SIGNATURE AND TYPED OF	PRINTED HAME OF BIGHING OFFICE	OR DIRECT	OR		Oate	Daytime Phone #		