2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Jun 12, 2007 8:00 am
Secretary of State

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1. Entity Name
NATIONWIDE MORTGAGE BANKERS, CORP

Principal Place of Business
601 NORTH CONGRESS AVE STE 115A
DELRAY BEACH, FL 33445

Mailing Address
1425 NW 192 TERRACE
MIAMI, FL 33169

2. Principal Place of Business - No P.O. Box #: 618 NE 12 St.
Suite, Apt. #, etc.:
City & State: N. Miami, FL
Zip: 33161 Country: Dade

3. Mailing Address: 8757 Baystone Cove
Suite, Apt. #, etc.:
City & State: Boynton Beach FL. ~~33435~~
Zip: 33437 Country: Palm Beach

4. FEI Number: 14-1992757 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
DIEUVIL, GUILFORT
1425 NW 192 TERRACE
MIAMI, FL 33169

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

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
P DIEUVIL, GUILFORT 1425 NW 192 TERRACE MIAMI, FL 33169	☐ Delete
S DIEUVIL, GUILFORT 1425 NW 192 TERRACE MIAMI, FL 33169	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

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 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: _____ 05/01/07 7863445497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #