


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000070674 1. Entity Name NATIONWIDE PROCESSING CENTER, INC.	
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Principal Place of Business 3600 S. STATE ROAD 7, SUITE 334 MIRAMAR, FL 33023	Mailing Address 3600 S. STATE ROAD 7, SUITE 334 MIRAMAR, FL 33023
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DO NOT WRITE IN THIS SPACE



05032004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0943079	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ALEXANDER, PATRICIA 3600 S. STATE ROAD 7, SUITE 334 MIRAMAR, FL 33023
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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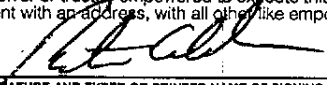
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALEXANDER, PATRICIA 3260 SW 189 AVE MIRAMAR, FL 33029
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09/09/04-80003-017 550.00

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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)(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: 	9/7/04	(954) 986 0026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #