


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000014695**

1. Entity Name  
 NORDOON, CORP.



Principal Place of Business  
 2645 N.E. 207TH STREET  
 SUITE 101  
 AVENTURA, FL 33180

Mailing Address  
 2645 N.E. 207TH STREET  
 SUITE 101  
 AVENTURA, FL 33180

**DO NOT WRITE IN THIS SPACE**



02052007 No Chg-P CR2E034 (11/05)

4. FEI Number  
 56-2327973

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

AVAKIAN, ALBERTO  
 2645 N.E. 207TH STREET  
 SUITE 101  
 AVENTURA, FL 33180

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AVAKIAN, ALBERTO 2645 N.E. 207TH STREET SUITE 101 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AVAKIAN, ADOLFO D 2645 N.E. 207TH STREET SUITE 101 AVENTURA, FL 33180
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 02/23/07-80015-010 150.00

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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 or 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 are empowered.

**SIGNATURE:** *Adolfo Avakian* **Adolfo Avakian** President 2/7/07 305-670-1991  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #