

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000153291

Entity Name: NOROCANDI INC.

FILED  
Jan 17, 2009  
Secretary of State

**Current Principal Place of Business:**

212 SOUTH OLIVE AVE  
W. PALM BEACH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

212 SOUTH OLIVE AVE  
W. PALM BEACH, FL 33401 US

**New Mailing Address:**

FEI Number: 20-3849041

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARTIN, DIDIER  
2870, EAGLE LANE  
WEST PALM BEACH, FL 33409 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MARTIN, ANDREA  
Address: 2870, EAGLE LANE  
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: VP ( ) Delete  
Name: MARTIN, DIDIER  
Address: 2870, EAGLE LANE  
City-St-Zip: WEST PALM BEACH, FL 33409 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIDIER MARTIN

VP

01/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date