

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000113802

Entity Name: NORELIA INC

FILED
Jun 17, 2008
Secretary of State

Current Principal Place of Business:

6801 SW 147 AVE
2D
MIAMI, FL 33193

New Principal Place of Business:

Current Mailing Address:

6801 SW 147 AVE
2D
MIAMI, FL 33193

New Mailing Address:

FEI Number: 26-1240547 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, GABRIELA M
6801 SW 147 AVE
2D
MIAMI, FL 33193 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RODRIGUEZ, GABRIELA M
Address: 6801 SW 147 AVE #2D
City-St-Zip: MIAMI, FL 33193

Title: VP () Delete
Name: RODRIGUEZ ORTEGA, RODRIGO
Address: 6801 SW 147 AVE #2D
City-St-Zip: MIAMI, FL 33193

Title: VP () Delete
Name: RODRIGUEZ CASADO, RODRIGO
Address: 6801 SW 147 AVE #2D
City-St-Zip: MIAMI, FL 33193

Title: VP () Delete
Name: RODRIGUEZ, BARBARA
Address: 6801 SW 147 AVE # 2D
City-St-Zip: MIAMI, FL 33193

Title: VP () Delete
Name: RODRIGUEZ, ELIA NORA
Address: 6801 SW 147 AVE #2D
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: GABRIELA RODRIGUEZ

P

06/17/2008

Electronic Signature of Signing Officer or Director

_____ Date