

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # F07000005604

1. Entity Name
NORTREX INC.



Principal Place of Business
318 N. CARSON STREET
#208
CARSON CITY, NV 89701

Mailing Address
15841 SW 56TH STREET
SW RANCHES, FL 33331



01242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-1360158

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KALAM, EMILIE
15841 SW 56TH STREET
SW RANCHES, FL 33331

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
CHRM
KALAM, EMILIE
15841 SW 56TH STREET
SW RANCHES, FL 33331

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCHR
KALAM, EMILIE
15841 SW 56TH STREET
SW RANCHES, FL 33331

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
KALAM, EMILIE
15841 SW 56TH STREET
SW RANCHES, FL 33331

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KALAM, EMILIE
15841 SW 56TH STREET
SW RANCHES, FL 33331

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-08 305-439-7771

U00000803297
02/05/08-80019-016 150.00

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IN THIS SPACE**