

# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# H00227

FILED  
Sep 17, 2009  
Secretary of State

Entity Name: NOR-DEC INTERNATIONAL, INC.

**Current Principal Place of Business:**

1890 NW 96 AVENUE  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

1890 NW 96 AVENUE  
MIAMI, FL 33172

**New Mailing Address:**

FEI Number: 59-2413619

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MORA, OSWALDO J.  
2050 CORAL WAY  
SUITE 402  
MIAMI, FL 33145 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

**OFFICERS AND DIRECTORS:**

Title: D (X) Delete  
Name: SUAREZ, GASTON M.  
Address: 1890 NW 96 AVE  
City-St-Zip: DORAL, FL 33172

Title: S ( ) Delete  
Name: PISCHNER, MARTA S  
Address: 5800 SW 89TH AVENUE  
City-St-Zip: MIAMI, FL 33173

Title: P ( ) Delete  
Name: SUAREZ, GUSTAVO G  
Address: 9140 FONTAINEBEAU BLVD, APT 401  
City-St-Zip: MIAMI, FL 33172

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

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

Title: D (X) Change ( ) Addition  
Name: PISCHNER, MARTA S  
Address: 5800 SW 89TH AVENUE  
City-St-Zip: MIAMI, FL 33173

Title: D (X) Change ( ) Addition  
Name: SUAREZ, GUSTAVO G  
Address: 9140 FONTAINEBEAU BLVD, APT 401  
City-St-Zip: MIAMI, FL 33172

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: MARTHA PISCHNER

DIR

09/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date