

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 06, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # J11686**

1. Entity Name  
**NORDIX, INC.**



Principal Place of Business      Mailing Address  
**8921 SOUTHWEST 76TH STREET  
MIAMI FL 33173**      **8921 SOUTHWEST 76TH STREET  
MIAMI FL 33173**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E034 (10/07)

4. FEI Number      **NO-T APPLICABLE**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEETS, SUSAN  
17555 SOUTH DIXIE HIGHWAY  
SUITE 107-A  
MIAMI FL 33157**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reappointing

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution      ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE      DP      ☐ Delete  
NAME      LARRABEE, NORMAN  
STREET ADDRESS      8921 SW 76TH STREET  
CITY-ST-ZIP      MIAMI FL 33173

TITLE      ☐ Change      ☐ Addition  
NAME      **U00000816886**  
STREET ADDRESS      **02/14/08-80070-016 150.00**  
CITY-ST-ZIP

TITLE      D      ☐ Delete  
NAME      LARRABEE, DIXIE  
STREET ADDRESS      8921 SW 76TH STREET  
CITY-ST-ZIP      MIAMI FL 33173

TITLE      ☐ Change      ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      ☐ Change      ☐ Addition  
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TITLE      ☐ Change      ☐ Addition  
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 Section 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:

*Dixie Larrabee*      **DIXIE LARRABEE**

**2/1/08**

**(305) 887-1573**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original Filing Fee