

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2007 8:00 am
Secretary of State

07-06-2007 90002 017 ***150.00

DOCUMENT # J65321

1. Entity Name
NOREL INDUSTRIES, INC.



Principal Place of Business
**250 BIRD ROAD #101
 CORAL GABLES, FL 33146**

Mailing Address
**250 BIRD ROAD #101
 CORAL GABLES, FL 33146**

66021816



05242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2789460** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**SELZER, ELENA S.
 250 BIRD ROAD #101
 CORAL GABLES, FL 33146**

**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]* SECRETARY
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
 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	SELZER, NORMAN
STREET ADDRESS	9330 S.W. 70TH ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	PD
NAME	SELZER, ELENA
STREET ADDRESS	9330 S.W. 70TH ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

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]* **8/29/07** **305 444 9393**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #