

19/03/2004 21:17 5613385432
FROM LAW OFFICES

(FRI) MAR 19 2004 15:16/ST. 15:15/No. 6807206173 P 3

FILED

Apr 05, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT# L46536 1. Entity Name NOR-AMREALESTATEHOLDINGCO.	
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Principal Place of Business 7301-A W. PALMETTO PARK RD., STE 305-C BOCA RATON, FL 33433 US	Mailing Address 7301-A W. PALMETTO PARK RD., STE 305-C BOCA RATON, FL 33433 US
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03192004 NoChg-P CR2E034(10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0170099	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCIARRETTA, EDMUND C
7301-A W. PALMETTO PARK RD., STE 305-C
BOCA RATON, FL 33433

**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 _____ (NOTE: Registered Agent's signature is required when making) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	PD RONNING, JENSP 7301-A W. PALMETTO PARK RD., STE 305-C BOCA RATON, FL 33433
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04/05/04-80075-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 if I am a trustee or 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 in attachment with an address, with authority empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Unfiled/Phone#