

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M40006 1. Entity Name NORMIE CORP.		
Principal Place of Business C/O CHAYIM KESSLER, CPA 1440 79TH ST. CSWY #302 MIAMI BEACH, FL 33141 US		Mailing Address C/O CHAYIM KESSLER, CPA 1440 79TH ST. CSWY #302 MIAMI BEACH, FL 33141 US
2. Principal Place of Business C/O Chayim Kessler, CPA. Suite, Apt. #, etc. 975 41st St. #406 City & State Miami Beach, FL Zip 33140 Country US 		3. Mailing Address C/O Chayim Kessler, CPA. Suite, Apt. #, etc. 975 41st St. #406 City & State Miami Beach, FL Zip 33140 Country US
6. Name and Address of Current Registered Agent CHAYIM KESSLER, CPA 1440 79TH ST. CSWY #302 MIAMI BEACH, FL 33141		7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 975 41st St. #406 City Miami Beach State FL Zip Code 33140
4. FEI Number 59-2755771 Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
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 		DATE 4/30/03
FILE NOW!!! FEES: \$160.00 After May 13, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CHAYIM KESSLER <input type="checkbox"/> Delete 630 NE 176TH STREET MIAMI, FL 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or without a power of attorney.		
SIGNATURE: 		DATE 4/30/03 DAYTIME PHONE # 301-867-3610

CR2003A (10/02)