2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2005 08:00 AM Secretary of State DOCUMENT # M53170 1. Entity Name NORTEO, INC. Principal Place of Business Mailing Address 9722 N.E. 2 AVE. MIAMI SHORES, FL 33138 9722 N.E. 2 AVE. MIAMI SHORES, FL 33138 04222005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0035681 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VELEZ, NORBERTO DO NOT WRITE 9722 NE 2ND AVENUE MIAMI SHORES, FL 33138 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE U00000346285 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. 04/30/05-80070-010 150.00 After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE VELEZ, NORBERTO NAME STREET ADDRESS 175 NE 119TH ST CITY-SY-ZIP N. MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CUTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-St-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 all other like empowered

SIGNATURE: MANATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

CITY-ST-ZIP

1-25-2005 305) 757-638

Daytime Phone #

FILED