

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90043 010 \*\*\*150.00

**44012741**



01212004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P00000056817</b> 1. Entity Name <b>NORWER, CORP.</b>					
Principal Place of Business <b>9934 NW 47 TERRACE SUITE 302 MIAMI, FL 33178</b>			Mailing Address <b>9934 NW 47 TERRACE SUITE 302 MIAMI, FL 33178</b>		
2. Principal Place of Business <b>9934 NW 47 TERR</b>		3. Mailing Address <b>9934 NW 47 TERR</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>MIAMI FLORIDA</b>		City & State <b>MIAMI FLORIDA</b>		4. FEI Number <b>65-1038227</b>	
Zip <b>33178</b> Country		Zip <b>33178</b> Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>REINEFELD, WERNER J 9934 NW 47 TERRACE SUITE 302 MIAMI, FL 33178</b>				7. Name and Address of New Registered Agent Name <b>REINEFELD, WERNER J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>9934 NW 47 TERR</b> City <b>MIAMI</b> FL Zip Code <b>33178</b>	
I, 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 <u><i>Werner J. Reinefeld</i></u> DATE <b>2-21-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>P</b> <b>REINEFELD, WERNER J</b> <b>6555 NW 36 ST SUITE 302</b> <b>MIAMI, FL 33166</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>REINEFELD WERNER J</b> <b>9934 NW 47 TERR</b> <b>MIAMI FL 33178</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALVAREZ, NORMA T</b> <b>6555 NW 36 ST SUITE 302</b> <b>MIAMI, FL 33166</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALVAREZ NORMA T</b> <b>9934 NW 47 TERR</b> <b>MIAMI FL 33178</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 all other like empowered.					
SIGNATURE: <u><i>Werner J. Reinefeld</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>2-21-04</b> Daytime Phone # <b>2-21-04</b>		