



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000056817 1. Entity Name NORWER, CORP.	
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Principal Place of Business 9934 NW 47 TERRACE MIAMI, FL 33178	Mailing Address 9934 NW 47 TERRACE MIAMI, FL 33178
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DO NOT WRITE IN THIS SPACE

	
01102005	No Chg-P CR2E034 (10/03)
4. FEI Number 65-1038227	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent REINEFELD, WERNER J 9934 NW 47 TERRACE MIAMI, FL 33178

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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 <u>Werner Reinefeld</u> Signature, typed or printed name of registered agent and title if applicable.	DATE <u>1/10/05</u> (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REINEFELD, WERNER J 9934 NW 47 TERR MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, NORMA T 9934 NW 47 TERR MIAMI, FL 33178
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000179998 01/13/05-80042-002 150.00</p> DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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>Werner Reinefeld</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <u>1/10/05</u> DAYTIME PHONE # <u>786-236 3620</u>