

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000096945

FILED
Jan 28, 2005
Secretary of State

Entity Name: NORKA DOLPHIN CORPORATION

Current Principal Place of Business:

8888 HOWARD DR.
STE 376
MIAMI, FL 33176

New Principal Place of Business:

11401 NW 12 ST
STE 167
MIAMI, FL 33172

Current Mailing Address:

9804 SW 124 ST
MIAMI, FL 33176

New Mailing Address:

FEI Number: 65-1068889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEITE, ANA
9804 SW 124 TERR.
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALEITE, ANA
Address: 9804 SOUTHWEST 124TH TERRACE
City-St-Zip: MIAMI, FL 33176

Title: SD () Delete
Name: ALEITE, JOYCE L
Address: 9804 SOUTHWEST 124TH TERRACE
City-St-Zip: MIAMI, FL 33176

Title: TD () Delete
Name: SANIN, ROCIO
Address: 9804 SOUTHWEST 124TH TERRACE
City-St-Zip: MIAMI, FL 33176

Title: VD () Delete
Name: CHANGSOON, LEE
Address: 2503 NW 5 AVE.
City-St-Zip: MIAMI, FL 33127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANA ALEITE

PD

01/28/2005

Electronic Signature of Signing Officer or Director

Date