

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90039 028 ***150.00

DOCUMENT # P01000000212					
1. Entity Name IVANORO CORPORATION					
Principal Place of Business 2601 SO. BAYSHORE DR SUITE 1400 MIAMI, FL 33133			Mailing Address 2601 SO. BAYSHORE DR SUITE 1400 MIAMI, FL 33133		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1067892	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DURAN, ALFREDO G 2601 S BAYSHORE DR S-1400 MIAMI, FL 33133			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <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	PDST ORELLANA, IVAN 4228 PLACETA CORAL GABLES, FL 33146		TITLE NAME STREET ADDRESS CITY-ST-ZIP	791 CRANSON BLVD. KEY BISCAYNE, FL 33149 (OCEAN TOWER II UNIT 303)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DURAN, ALFREDO G 2601 S BAYSHORE DR S-1400 MIAMI, FL 33133		TITLE NAME STREET ADDRESS CITY-ST-ZIP	791 CRANSON BLVD., KEY BISCAYNE, FL 33149 (OCEAN TOWER II UNIT 303)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SANTAELLA, FLAVIA 4228 PLACETA CORAL GABLES, FL 33146		TITLE NAME STREET ADDRESS CITY-ST-ZIP	791 CRANSON BLVD., KEY BISCAYNE, FL 33149 (OCEAN TOWER II UNIT 303)	
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	
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	
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 exemptions contained in Chapter 119, 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:			IVAN ORELLANA, PRES.		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 3/12/07 (305) 859-2696		