2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000087389

FILED Apr 20, 2005 8:00 am Secretary of State

04-20-2005 90347 001 ***150.00

1. Entity Nam NORIN	e /ESTMENTS CORP.								
Principal Place of Business 90 ALTON RD, UNIT #1811 MIAMI BEACH, FL 33139		Mailing Address 90 ALTON RD, UNIT #1811 MIAMI BEACH, FL 33139					50040	1579	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03012005	Chg-P	CR2E03	34 (10/03)	
City & State		City & State			4. FEI Number 65-1136580			Not	plied For t Applicable
Zip	Country	Zip	Country			f Status Desired	F	\$8.75 Addi Fee Required	
S. Name and Address of Current Registered Agent				7. Name and Address of How Registered Agent Name					
GUERRA, NORMA J 90 ALTON RD, UNIT #1811 MIAMI BEACH, FL 33139				Street Address (P.O. Box Number is Not Acceptable)					
	4.		City				FL	Zip Code	
SIGNATURE	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered figure. E NOW!!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	and title (Applicable. (NOTE	:: Registered Age	ent signature required		4-12-	_	-	
10.1	OFFICERS AND	DIRECTORS	11.	,	ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11
NAME STREET ADDRESS CITY-ST-ZIP	PTD GUERRA, NORMA J 90 ALTON RD, UNIT #1811 MIAMI BEACH, FL 33139	☐ Delete	TITLE NAME STREET AC CITY-ST-	1				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD CUESTA, GEORGE L 90 ALTON RD, UNIT #1811 MIAMI BEACH, FL 33139	☐ Delate	TITLE NAME STREET AL CITY-ST-					Change	Addition
TITLE NAME STREET ADDOESC- CITY-ST-ZIP	VP CUESTA, MICHAEL M 90 ALTON RD, UNIT #1211 MIAMI BEACH, FL 33139	□ Delete	NAME SARBET AZ GETY-ST-	L		-	· .	Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP	VP CUESTA, WILLIAM C 90 ALTON RD, UNIT #1811 MIAMI BEACH, FL 33139	☐ Delete	TITLE NAME STREET AG CITY-ST-	l .				Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AL CITY-ST-		's		1.23 2.34 2.35 2.35 2.35 2.35 2.35 2.35	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Detete	TITLE NAME STREET AI CITY-SI-		·			Change :	9
40 thereby	and for that the information a unalige wil	th this filling dags not evolify for	- 44	tion stated in Se	olion 110.07(2)/ii	Clorido Ctotutos	Libethor con	tifu that the ir	dormation

2. 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 impowered.

S!GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

. Custr ou [11/05 (305) 270-373]