


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90030 008 ***150.00

DOCUMENT # P01000102784 1. Entity Name NITRON INTERNATIONAL, INC.			
Principal Place of Business 8358 W. OAKLAND PARK BLVD SUITE 101 SUNRISE, FL 33351		Mailing Address 8358 W. OAKLAND PARK BLVD. 101 SUNRISE, FL 33351	
2. Principal Place of Business - No P.O. Box # 8358 W Oakland Park Blvd.		3. Mailing Address 8358 W Oakland Park Blvd.	
Suite, Apt. #, etc. Suite 305		Suite, Apt. #, etc. Suite 305	
City & State Sunrise, FL		City & State Sunrise, FL	
Zip 33351		Zip 33351	
Country USA		Country USA	
4. FEI Number 65-1145244		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SORIANO, RICARDO 8358 W. OAKLAND PARK BLVD. SUITE #101 SUNRISE, FL 33351		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
8. The above named entity submits the 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 _____ <small>Signature, typed or printed name of registered agent, and title if applicable.</small>		(NOTE: Registered Agent signature required when re-registering) DATE 02/15/08	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <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	P SORIANO, RICARDO 8358 W. OAKLAND PK BLVD. #101-305 SUNRISE, FL 33351	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SORIANO, MARI LUZ 8358 W. OAKLAND PK BLVD. #101-305 SUNRISE, FL 33351	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SORIANO, JOSE L 8358 W. OAKLAND PK BLVD. #101-305 SUNRISE, FL 33351	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
Date 02/15/08		Daytime Phone # 954 749 4757	