
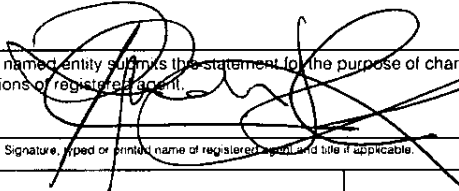
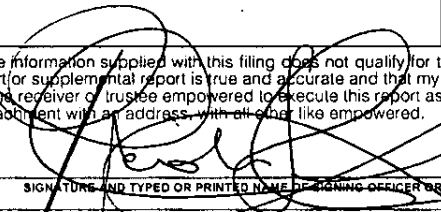


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

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

02-21-2008 90030 008 \*\*\*150.00

|  |                                    |  |   |
|--|------------------------------------|--|---|
| DOCUMENT # P01000102784  |                                    |                             |   |
| 1. Entity Name<br>NITRON INTERNATIONAL, INC.   |                                    |  |   |
| Principal Place of Business<br>8358 W. OAKLAND PARK BLVD<br>SUITE 101<br>SUNRISE, FL 33351   |                                    | Mailing Address<br>8358 W. OAKLAND PARK BLVD.<br>101<br>SUNRISE, FL 33351                                    |   |
| 2. Principal Place of Business - No P.O. Box #<br><i>8358 W Oakland Park Blvd.</i>   |                                    | 3. Mailing Address<br><i>8358 W Oakland Park Blvd.</i>   |   |
| Suite, Apt. #, etc.<br><i>Suite 305</i>  |                                    | Suite, Apt. #, etc.<br><i>Suite 305</i>  |   |
| City & State<br><i>Sunrise, FL</i>   |                                    | City & State<br><i>Sunrise, FL</i>   |   |
| Zip<br><i>33351</i>  | Country<br><i>USA</i>              | Zip<br><i>33351</i>  | Country<br><i>USA</i>   |
| 6. Name and Address of Current Registered Agent<br>SORIANO, RICARDO<br>8358 W. OAKLAND PARK BLVD.<br>SUITE #101<br>SUNRISE, FL 33351   |                                    | 4. FEI Number<br>65-1145244  |   |
|  |                                    | Applied For<br>Not Applicable  |   |
|  |                                    | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                     |   |
| 7. Name and Address of New Registered Agent  |                                    | 01292008 Chg-P CR2E034 (12/06)   |   |
| 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    |                                    | DATE <i>02/15/08</i>   |   |
| Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)  |                                    | DATE   |   |
| FILE NOW!!! FEE IS \$150.00<br>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  | P <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | SORIANO, RICARDO                   | NAME   |   |
| STREET ADDRESS   | 8358 W. OAKLAND PK BLVD. #101-305  | STREET ADDRESS   |   |
| CITY-ST-ZIP  | SUNRISE, FL 33351                  | CITY-ST-ZIP  |   |
| TITLE  | VP <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | SORIANO, MARI LUZ                  | NAME   |   |
| STREET ADDRESS   | 8358 W. OAKLAND PK BLVD. #101-305  | STREET ADDRESS   |   |
| CITY-ST-ZIP  | SUNRISE, FL 33351                  | CITY-ST-ZIP  |   |
| TITLE  | S <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | SORIANO, JOSE L                    | NAME   |   |
| STREET ADDRESS   | 8358 W. OAKLAND PK BLVD. #101-305  | STREET ADDRESS   |   |
| CITY-ST-ZIP  | SUNRISE, FL 33351                  | CITY-ST-ZIP  |   |
| TITLE  | <input type="checkbox"/> Delete    | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                    | NAME   |   |
| STREET ADDRESS   |                                    | STREET ADDRESS   |   |
| CITY-ST-ZIP  |                                    | CITY-ST-ZIP  |   |
| TITLE  | <input type="checkbox"/> Delete    | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                    | NAME   |   |
| STREET ADDRESS   |                                    | STREET ADDRESS   |   |
| CITY-ST-ZIP  |                                    | CITY-ST-ZIP  |   |
| TITLE  | <input type="checkbox"/> Delete    | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                    | NAME   |   |
| STREET ADDRESS   |                                    | STREET ADDRESS   |   |
| CITY-ST-ZIP  |                                    | CITY-ST-ZIP  |   |
| 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:    |                                    | DATE <i>02/15/08</i> DAYTIME PHONE # <i>954 749 4757</i>   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                                    | DATE DAYTIME PHONE #   |   |