


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90019 005 \*\*\*150.00

<b>DOCUMENT # P02000039170</b> 1. Entity Name <b>INORCA, INC.</b>					
Principal Place of Business <b>935 GULFSTREAM CT. WESTON, FL 33327</b>			Mailing Address <b>935 GULFSTREAM CT. WESTON, FL-33327</b>		
2. Principal Place of Business <b>1801 D.W. ATLANTIC AVE</b> Suite, Apt. #, etc. <b>B11B</b> City & State <b>Delray Beach</b> Zip <b>33444</b>			3. Mailing Address <b>1801 D.W. ATLANTIC AVE</b> Suite, Apt. #, etc. <b>B11B</b> City & State <b>Delray Beach</b> Zip <b>33444</b>		
4. FEI Number <b>04-3653746</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent <b>ZELAYA, JANET G 935 GULFSTREAM CT. WESTON, FL 33327</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>ZELAYA, JANET G</b> <b>935 GULFSTREAM CT.</b> <b>WESTON, FL 33327</b>	<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"/> Change <input type="checkbox"/> Addition			
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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 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 empowered.					
<b>SIGNATURE:</b> <i>Janet Zelaya</i>		<b>1/7/04</b> <b>561-330-7605</b> Date Daytime Phone #			