

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90110 015 ***150.00

DOCUMENT # P02000039170
1. Entity Name
INORCA INC.

DO NOT WRITE IN THIS SPACE

40023693

2. Principal Place of Business 4772 ORCHARD LANE		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DELRAY BEACH, FL		City & State	
Zip 33445	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3653746		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name FRANK HERASAME	
Street Address (P.O. Box Number is Not Acceptable) 4772 ORCHARD LANE	
City DELRAY BEACH, FL	Zip Code 33445

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 Frank Herasame President
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FRANK HERASAME 4772 ORCHARD LANE DELRAY BEACH, FL 33445	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Frank Herasame 2/1/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #