2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 01, 2003 8:00 am Secretary of State

DOCUMENT # P02000039  1. Entity Name INORCA, INC.	170		05-01-2003 90362 035 ***160.00
Principal Place of Business 11426 W. SAMPLE ROAD CORAL SPRINGS, FL 33065	Mailing Address 11426 W. SAMPLE ROAD CORAL SPRINGS, FL 330		
2. Principal Place of Business 935 Gulfstream Cou-	3. Mailing Address 7 935 Gulfs+ Sulte. Apt. #. etc.	ream Cov	
			☐ CHECK HERE IF MAKING CHANGES
Weston FL	City & State Weston, F	: L	4. FEI Number Applied For Not Applied For Not Applied For
21p 3 3 3 2 7 Country	Zip 33327	Country	5. Certificate of Status Desired
6. Name and Address of Current	<del></del>	Name	7. Name and Address of New Registered Agent
ZELAYA, JANET G 11426 W. SAMPLE ROAD CORAL SPRINGS, FL 33065			ress (P.Q. Box Number is Not Acceptable)
		City W	eston FL Zip Code 333327
The above named entity submits this statement for the obligations of registered agents.	or the purpose of changing its	registered office or re	egistered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE / Named Sulayor Signature Juliana name of sugarational agent any fisher it appaired Agent Signature required when reinstaining)  April 29-03  OATE			
FILE NOW!!] FEE IS \$160,00 After May 1, 2003 Fee will be \$560.00 Make Check Payable to Florida Department	of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10. OFFICERS AND	<del></del>	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
ITILE PD ZELAYA, JANET G	☐ Delete	TITLE NAME	. Description Addition
STREET ADDRESS 11426 W. SAMPLE ROAD COTY-ST-ZP CORAL SPRINGS, FL 33065	A	STREET ADDRESS CITY-ST-ZIP	935 Gulfstream Court Weston, FL 33327  Change   Addition   8
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS CITY-SI-ZP		STREET ADDRESS CITY-ST-21P	
TITLE	Delete	TITLE	Change Addition
NAME STREET ADDRESS CITY-ST-ZP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-2P		STREET ADDRESS CITY-ST-21P	
TITLE RIAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-2P		STREET ADDRESS CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZP		NAME STREET ADDRESS CRY-ST-ZIP	
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.			
SIGNATURE: JOHN SUMME AND TYPED OF PRINTED HYDRE OF SIGNING OFFICER OR DIRECTOR Chia Chrysina Prioria de Chrysina Prioria Prioria de Chrysina Prioria de Chrysina Prioria de Chrysina Prio			