


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000014695**  
 1. Entity Name  
**NORDOON, CORP.**



Principal Place of Business <b>2645 N.E. 207TH STREET          SUITE 101          AVENTURA, FL 33180</b>	Mailing Address <b>2645 N.E. 207TH STREET          SUITE 101          AVENTURA, FL 33180</b>
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02092005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>56-2327973</b>	Applied For 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  
**AVAKIAN, ALBERTO  
 2645 N.E. 207TH STREET  
 SUITE 101  
 AVENTURA, FL 33180**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

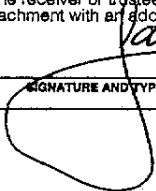
**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

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

1100000247373  
 03/01/05-80018-022 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD AVAKIAN, ALBERTO 2645 N.E. 207TH STREET SUITE 101 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD AVAKIAN, ADOLFO D 2645 N.E. 207TH STREET SUITE 101 AVENTURA, FL 33180
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  **Adolfo Avakian** 02/12/05 7862563815  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #