


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000014695

1. Entity Name
NORDOON, CORP.



Principal Place of Business
**2645 N.E. 207TH STREET
 SUITE 101
 AVENTURA, FL 33180**

Mailing Address
**2645 N.E. 207TH STREET
 SUITE 101
 AVENTURA, FL 33180**

DO NOT WRITE IN THIS SPACE



03022006 No Chg-P CR2E034 (11/05)

4. FEI Number
56-2327973

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** 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 _____ DATE _____
Signature, typed or printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE: **PD**
 NAME: **AVAKIAN, ALBERTO**
 STREET ADDRESS: **2645 N.E. 207TH STREET SUITE 101**
 CITY-ST-ZIP: **AVENTURA, FL 33180**

TITLE: **SD**
 NAME: **AVAKIAN, ADOLFO**
 STREET ADDRESS: **2645 N.E. 207TH STREET SUITE 101**
 CITY-ST-ZIP: **AVENTURA, FL 33180**

TITLE: _____
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 04/20/06-80057-025 150.00

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 the empowered.

SIGNATURE:  **ADOLFO AVAKIAN** **3/31/06** **305 6701991**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #