



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000014695 1. Entity Name NORDOON, CORP.	
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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
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DO NOT WRITE IN THIS SPACE

	
02062008	No Chg-P
CR2E034 (11/05)	
4. FEI Number 56-2327973	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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, 2008 Fee will be \$550.00

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

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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02/26/08-80015-007 150.00

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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 like empowered.

SIGNATURE:  Adolfo Avakian 2-7-07 305-670-1993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #