

H04000031727

**UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000029117**  
**1. Entity Name**  
 Norge Trade US, Inc.

**2. Principal Place of Business**      **3. Mailing Address**

**21** 525 7th Avenue      **25** 525 7th Avenue  
 Suite, Apt #, etc.      **26** Suite, Apt #, etc.

**22**      **27** City & State  
 New York NY      New York NY

**23** City & State  
 New York NY

**24** Zip      County      **28** Zip      County  
 10018           10018           **25**

**4. FEI Number**      **Applied For**  
 applied for      Not Applicable

**5. Certificate of Status Desired**       **\$8.75 Additional Fee Required**


000000145727  
 05/03/04-80037-010 150.00

**6. Name and Address of Current Registered Agent**      **7. Name and Address of New Registered Agent**

**81**      **82** Street Address (P.O. Box Number is Not Acceptable)  
 Corporate Creations Network Inc.  
 11380 Prosperity Farms Road #221E  
 Palm Beach Gardens, FL 33410

**83**      **84** FL

**8.** The above named entity submits this report for the purpose of changing its registered agent, or both, in the State of Florida.

**SIGNATURE**  Dawn S. Stout, Assistant Secretary  
Signature, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**9.** This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so  **FILE NOW!!! FEE IS \$130.00**  
After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State

**10.** Election Campaign Financing Trust Fund Contribution  **\$5.00 May be added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> Simone Toresma 3505 NW 113 Court Miami, FL <input checked="" type="checkbox"/> <b>DELETE</b>	<b>1.1 TITLE</b> <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY-ST-ZIP</b>	<b>D,P,S,T</b> Regina Goncalves Affonso 525 7th Avenue New York, NY 10018 <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>DELETE</b>	<b>2.1 TITLE</b> <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>DELETE</b>	<b>3.1 TITLE</b> <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>DELETE</b>	<b>4.1 TITLE</b> <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**13.** I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 11 or Block 12, or on attachment with an address.

**SIGNATURE**  Regina Goncalves Affonso      04/29/04 (5511) 5507.3232  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Myplate Photo #

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