

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000012203

1. Entity Name
NODARA, INC.



Principal Place of Business
301 CLEMATIS ST
3000
WEST PALM BEACH, FL 3401

Mailing Address
P.O. BOX 212079
ROYAL PALM BEACH, FL 33421

FILED
Jul 07, 2008 08:00 AM
Secretary of State



07042008 No Chg-P CR2E034 (11/05)

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4. FEI Number
11-3348632

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TENENBAUM, LISA
301 CLEMATIS
3000
WEST PALM BEACH, FL 33401

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TENENBAUM, BARRY
STREET ADDRESS	301 CLEMATIS ST
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	S
NAME	TENENBAUM, LISA
STREET ADDRESS	301 CLEMATIS ST
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/07/08-80002-003 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #