


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90023 018 ***150.00

DOCUMENT # P04000033178	
1. Entity Name NORDI DEVELOPERS CORP.	

Principal Place of Business 8415 SW 107 AVE 247W MIAMI, FL 33173	Mailing Address 8415 SW 107 AVE 247W MIAMI, FL 33173
---	---

DO NOT WRITE IN THIS SPACE

40098583



07062006 No Chg-P CR2E034 (11/05)

4. FEI Number 33-1090942	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

OLGA, DONA DIO
 8415 SW 107 AVE
 247W
 MIAMI, FL 33173

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
Due by September 8, 2006

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MCPHERSON, NORMA 8415 SW 107 AVE APT 247W MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUITERREZ, VIRGILIO R 2701 SW 190 AVE MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DIO, OLGA DONA 8415 SW 107 AVE. APT 247 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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: *Olga Dona Dio* 07/06/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #