

20/02/2007 11:10 FAX 8085414467
04/29/2006 00:00 9544327977

THEMA S.A.
MOVITEM

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90373 035 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000132744

1. Entity Name
MOVINORD, INC.



Principal Place of Business
**53 PLEASANT HILL LANE
TAMARAC, FL 33319**

Mailing Address
**53 PLEASANT HILL LANE
TAMARAC, FL 33319**

40034440



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02082007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

11-3727435

Applied For

Not Applicable

Zip

Country

Zip

Country

6. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADWAR, RENEE ESQ.
846 BRICKELL AVE STE 830
MIAMI, FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 based or printed above of registered agent and not applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **ORDONEZ, JORGE**
STREET ADDRESS **53 PLEASANT HILL LANE**
CITY-ST-ZIP **TAMARAC, FL 33319**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **ALBUQUERQUE, MARISOL**
STREET ADDRESS **53 PLEASANT HILL LANE**
CITY-ST-ZIP **TAMARAC, FL 33319**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **ALBUQUERQUE, MARISOL**
STREET ADDRESS **53 PLEASANT HILL LANE**
CITY-ST-ZIP **TAMARAC, FL 33319**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **ALBUQUERQUE, MARISOL**
STREET ADDRESS **53 PLEASANT HILL LANE**
CITY-ST-ZIP **TAMARAC, FL 33319**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **GRULLON, CARMEN**
STREET ADDRESS **53 PLEASANT HILL LANE**
CITY-ST-ZIP **TAMARAC, FL 33319**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 907, 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: **X**

SIGNATURE AND PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Jorge Ardoñez

3/5/07

Date

Daytime Phone #

(305)374-4422