


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000132744 1. Entity Name MOVINORD, INC.	
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Principal Place of Business 53 PLEASANT HILL LANE TAMARAC, FL 33319	Mailing Address 53 PLEASANT HILL LANE TAMARAC, FL 33319
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DO NOT WRITE IN THIS SPACE



01242008 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3727435	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ADWAR, RENEE ESQ. 848 BRICKELL AVE STE 830 MIAMI, FL 33131
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ORDONEZ, JORGE 53 PLEASANT HILL LANE TAMARAC, FL 33319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALBURQUERQUE, MARISOL 53 PLEASANT HILL LANE TAMARAC, FL 33319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALBURQUERQUE, MARISOL 53 PLEASANT HILL LANE TAMARAC, FL 33319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALBURQUERQUE, MARISOL 53 PLEASANT HILL LANE TAMARAC, FL 33319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRULLON, CARMEN 53 PLEASANT HILL LANE TAMARAC, FL 33319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U000000919057 05/13/08-80104-013 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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 ~~the~~ empowered.

SIGNATURE: P.O. Karina D. Montenegro 4/21/08 (305)374-4422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #