

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P06000014380

1. Entity Name  
NORIVEN KNOCK MORTGAGE, INC.



Principal Place of Business  
16051 SW 147TH LANE  
MIAMI, FL 33196 US

Mailing Address  
16051 SW 147TH LANE  
MIAMI, FL 33196 US



02272008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-4699454

Applied For  
Not Applicable

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

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

VENEREO, RIGOBERTO  
16051 SW 147TH LANE  
MIAMI, FL, FL 33196

**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  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U00000860580  
04/02/08 00068 009 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	VENEREO, NORA N
STREET ADDRESS	16051 SW 147TH LANE
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	VP
NAME	VENEREO, RIGOBERTO
STREET ADDRESS	16051 SW 147TH LANE
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	S
NAME	DOMINQUEZ, HREIDMAR
STREET ADDRESS	16051 SW 147TH LANE
CITY-ST-ZIP	MIAMI, FL 33196
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/08 305 926 9520  
Date Daytime Phone #