

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90116 009 ***150.00

DOCUMENT # P06000094458

1. Entity Name
NOREA, INC.



Principal Place of Business

3411 NW 4TH STREET 11963 NW 47th St
FORT LAUDERDALE, FL 33311
Coral Springs, FL 33076

Mailing Address

3411 NW 4TH STREET
FORT LAUDERDALE, FL 33311
11963 NW 47th St
Coral Springs, FL 33076

40080218

(P06000094458P)

DO NOT WRITE IN THIS SPACE

04142008 No Chg-P CR2E034 (11/05)

4. FEI Number
42-1709780

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NOREA, CHERYL C
3411 NW 4TH STREET 11963 NW 47th Street
FORT LAUDERDALE, FL 33311
Coral Springs, FL 33076

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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
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NOREA, CHERYL C
STREET ADDRESS	3411 NW 4TH STREET 11963 NW 47th Street
CITY- ST- ZIP	FORT LAUDERDALE, FL 33311 Coral Springs, FL 33076
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Cheryl C. Noea

4/18/08