2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 07, 2008 8:00 am Secretary of State

1

DOCUMENT # P0700003529 1. Entity Name NOT THE NORM INC.								01-11-200	08 9007:	2 042 ***	*150.00		
Principal Place 5152 VENTU DELRAY BEA	JRA DRIVE		Meiling Address 5152 VENTURA DRIVE DELRAY BEACH, FL 33484 US				8980003		INER ETINA OTKIA I	EIMEN O LETY			
2. Principal P	Place of Busin	ness - No P.O. Box #	3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.			l l	01062008	Chg-P	CR2E	34 (12/06)	1		
City & State			City & State			4). FEI Numb	20-8201	35 2		pplied For lot Applicable		
Zip	Country		Zip Cour		ntry	5	i. Certificate	of Status Desired		\$8.75 Ad Fee Require			
<u> </u>	Name	7.	. Name and	Address of New R	legistered .	Agent							
TORETTO 5152 VEN DELRAY E	TURA DR	IVE		Street Address (P.O. Box Number is Not Acceptable)									
				City				FL	Zip Cod	16			
The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent.						istered .	agent, or bo	th, in the State of Fic		familiar with,	, and accept		
SIGNATURE													
Signature, typed or printed name of regulared agent and late if applicable. (NOTE: Registered Agent signature required when remistating) DATE													
FILE NOWIL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees													
10.		OFFICERS AND	DIRECTORS	11.		-	ADDITIONS	CHANGES TO OFF	CERS AND	DIRECTOR	S IN 11		
TITLE NAME	PRES	D, DEAN R	Delete TITLE		- E					Change	Addition		
STREET ADDRESS		ITURA DRIVE		ET ADDRESS									
CITY-ST-ZIP		BEACH, FL 33484	CITY-		-ST-ZIP								
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CITY-ST-ZIP		BEACH, FL 33484			-ST-ZIP						j		
TITLE	SECT Delete 111									Change	Addition		
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12. Thereby certify that the information supplied with this filling 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.													
SIGNAT	URE:	SIGNATURE: (2016) Sevento 1/7/68 561-350-7931											