

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000047939

1. Entity Name
NORIC, INC.



Principal Place of Business
2333 BRICKELL AVE STE D-1
MIAMI FL 33129

Mailing Address
2333 BRICKELL AVE STE D-1
MIAMI FL 33129



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 65-0428086

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVID, MARYANN Y
2333 BRICKELL AVE STE D-1
MIAMI FL 33129

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when remitting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 DP ☐ Delete
NAME OLSON, RICHARD
STREET ADDRESS 2333 BRICKELL AVE STE D-1
CITY- ST- ZIP MIAMI FL 33129

☐ Change ☐ Addition
NAME 000000757455
STREET ADDRESS 05/23/07-80070-023 150.00
CITY- ST- ZIP

TITLE DST ☐ Delete
NAME ROSEN, NORMAN
STREET ADDRESS 2333 BRICKELL AVE STE D-1
CITY- ST- ZIP MIAMI FL 33129

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition
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TITLE ☐ Delete
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☐ 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 Section 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

Norman S. Rosen

4/27/07

305.859.4900

Date

Daytime Phone #