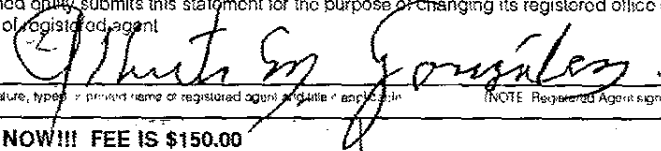
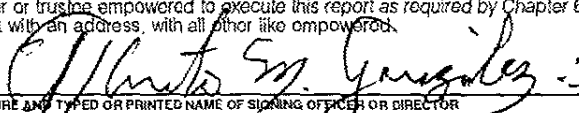


FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000029351						Jan 24, 2007 08:00 AM Secretary of State	
1. Entity Name NORMA ENTERPRISES OF DADE COUNTY, INC.							
Principal Place of Business 7537 W 5TH LN HIALEAH FL 33014				Mailing Address 7537 W 5TH LN HIALEAH FL 33014			
							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		1st MOORE CR2E034 (10/06)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0740134		☐ Applied For ☒ Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
Zip Country		Zip Country					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
GONZALEZ, ALBERTO M. 7537 W 5TH LN HIALEAH FL 33014				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				DATE 1/18/2017 (NOTE: Registered Agent signature required when remaining)			
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 NAME STREET ADDRESS CITY ST ZIP DPS GONZALEZ, ALBERTO 7537 W 5TH LN HIALEAH FL 33014 ☐ Delete				TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY ST ZIP S GONZALEZ, IRMA N. 7537 W. 5TH LANE HIALEAH FL ☐ Delete				TITLE NAME STREET ADDRESS CITY ST ZIP U00000600322 01/26/07-80003-025 150.00 ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete				TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete				TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete				TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition			
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				Date 1/18/2017 Daytime Phone #			