


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000095094 1. Entity Name NORIC/DESTIN VENTURES, INC.	
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Principal Place of Business 2333 BRICKELL AVENUE SUITE D-1 MAIMI, FL 33129 US	Mailing Address 2333 BRICKELL AVENUE SUITE D-1 MAIMI, FL 33129 US
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04222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0631438	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVID, MARY ANN Y
2333 BRICKELL AVENUE
SUITE D-1
MIAMI, FL 33129

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ROSEN, NORMAN S 2333 BRICKELL AVENUE, STE #D-1 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSEN, CLIFFORD D 2333 BRICKELL AVENUE, STE #D-1 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OLSON, RICHARD 2333 BRICKELL AVENUE, STE #D-1 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/20/08-80061-009 150.00

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 an other like empowered.

SIGNATURE:  **CLIFFORD D. ROSEN** **04.22.08** **305.859.4900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #