

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P96000035627

1. Entity Name
NORIC/LANDESTIN VENTURES, 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**

DO NOT WRITE IN THIS SPACE



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0661372

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DAVID, MARY ANN Y
2333 BRICKELL AVE
STE 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	D
NAME	ROSEN, NORMAN S
STREET ADDRESS	2333 BRICKELL AVE, STE D-1
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	D
NAME	ROSEN, CLIFFORD D
STREET ADDRESS	2333 BRICKELL AVE, STE D-1
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	D
NAME	OLSON, RICHARD
STREET ADDRESS	2333 BRICKELL AVE, STE D-1
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/20/08-80047-019 150.00

**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 another 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 #