


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000005776	
1. Entity Name NORAL IRON DESIGNS, INC.	

Principal Place of Business 4701 S.W. 45TH ST., BLDG. #5N, #27 FT. LAUDERDALE, FL 33314	Mailing Address 4701 S.W. 45TH ST., BLDG. #5N, #27 FT. LAUDERDALE, FL 33314
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DO NOT WRITE IN THIS SPACE



07292004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0920807	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HERNANDEZ, JOSE
9453 N.W. 39 PLACE
SUNRISE, FL 33351**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$350.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ALFONSO, NORBERTO 4701 S.W. 45TH ST., BLDG. #5N, #27 FT. LAUDERDALE, FL 33314
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08/26/04-80003-020 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:  **8-24-2004 954-584-2888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #