Apr 15 05 09:1 a Jose Hernandez

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State
04-22-2005 90315 001 ***150.00

DOCUMENT # P99000005776

1. Entity Name
NORAL IRON DESIGNS, INC.

50043050

Principal Place of Business	Mailing Address
4701 S.W. 45TH ST.,BLDG.#5N, #27 FT.LAUDERDALE, FL 33314	4701 S.W. 45TH ST.,BLDG.#5N, #27 FT.LAUDERDALE, FL 33314

04152005 No Chg P CR2E034 (10/03)

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4. FEI Number
65-0920807

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $1.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, JOSE
9455 N.W. 39 PLACE
SUNRISE, FL 33351

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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, type or print name of resident agent and title if applicable. (NOTE: Registered Agent signature required when reinstated)

FILE NOW!! FEES $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	ALFONSO, NORBERTO
STREET ADDRESS	4701 S.W. 45TH ST.,BLDG.#5N, #27
CITY-ST-ZIP	FT.LAUDERDALE, FL 33314
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowerment.

SIGNATURE: _____ Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR