



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 28, 2008 8:00 am
Secretary of State

04-24-2008 90116 044 ***150.00

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	
2. Principal Place of Business - No P.O. Box # 111 SW 23 STREET		3. Mailing Address 111 SW 23 STREET	
Suite, Apt. #, etc. SUITE J		Suite, Apt. #, etc. SUITE J	
City & State FORT LAUDERDALE FL.		City & State FORT LAUDERDALE, FL	
Zip 33315	Country USA	Zip 33315	Country USA
6. Name and Address of Current Registered Agent HERNANDEZ, JOSE 9453 N.W. 39 PLACE SUNRISE, FL 33351		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DT ALFONSO, NORBERTO 4701 S.W. 45TH ST., BLDG. #5N, #27 FT. LAUDERDALE, FL 33314	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.			
SIGNATURE: 		5-19-08-(954) 5843888	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



04212008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0920807 Applied For Not Applicable

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