2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # V34650

1. Entity Name
NORAS ARCHITECTURAL ARTS INC.

Principal Place of Business
11261 SW 157 COURT
MIAMI FL 33196

Mailing Address
11261 SW 157 COURT
MIAMI FL 33196

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

1st MOORE CR2E034 (10/06)

4. FEI Number 65-0331139

5. Certificate of Status Desired ☐ $8.75 Additi
Fee Required

6. Name and Address of Current Registered Agent

SALAZAR, NORA A
11261 SW 157 COURT
MIAMI FL 33196

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip

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 famili
the obligations of registered agent.

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

9. Election Campaign Financ
Trust Fund Contribution.

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

ADDITIONS/CHANGES TO OFFICERS A

OFFICERS AND DIRECTORS

10.
TITLE PSD
NAME SALAZAR, NORA A.
STREET ADDRESS 11261 SW 157 COURT
CITY-ST-ZIP MIAMI FL 33196
☐ Delete

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CITY-ST-ZIP

100000695
04-12-07-00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in
indicated on this report or supplemental report is true and accurate and that my signature shall have the sam
of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. F
if changed, or on an attachment with an address, with all other like empowered.

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