

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005906

FILED  
Mar 08, 2006  
Secretary of State

Entity Name: NOLIM GROUP, INC.

**Current Principal Place of Business:**

6100 GLADES RD, SUITE 213  
BOCA RATON, FL 33434

**New Principal Place of Business:**

**Current Mailing Address:**

6100 GLADES RD, SUITE 213  
BOCA RATON, FL 33434

**New Mailing Address:**

FEI Number: 59-2468234

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LICKSTEIN, FRED K  
1395 BRICKELL AVE. 14 FLOOR  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: CHENG, JOHN CLETUS  
Address: AVENIDA PRIMERA C NORTE NO. 111 APT. 87136  
City-St-Zip: PANAMA 7, PANAMA,

Title: VT ( ) Delete  
Name: ESCARTIN DE CHENG, ELSA  
Address: AVENIDA PRIMERA C NORTE NO. 111 APT. 87136  
City-St-Zip: PANAMA 7, PANAMA,

Title: DS ( ) Delete  
Name: RODRIGUEZ DE GUEVARA, IDA ENELDA  
Address: AVENIDA PRIMERA C NORTE NO. 111 APT. 87136  
City-St-Zip: PANAMA 7, PANAMA,

Title: D ( ) Delete  
Name: ANDREONI, STEPHANIE  
Address: 6100 GLADES RD, SUITE 213  
City-St-Zip: BOCA RATON, FL 33434

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHANIE ANDREONI

D

03/08/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date