## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 08:00 AM
Secretary of State

## DOCUMENT # F98000006859

1. Entity Name

NOTCH HILL ADVISORS, INC.



Principal Place of Business

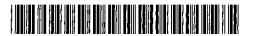
Mailing Address

13899 BIS CAYNE BLVD.

13899 BISCAYNE BLVD. SUITE 142

SUITE 142 MIAMI, FL 33181

MIAMI, FL 33181



## DO NOT WRITE IN THIS SPACE

01182007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0868179 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KERN, ANDREW E 13899 BISCAYNE BLVD SUITE 142 MIAMI, FL 33181

## 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered				required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000605344 01/30/07-80032-010_150.00
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KERN, ANDREW E 13899 BISCAYNE BOULEVARD SUIT MIAMI, FL 33181	CAYNE BOULEVARD SUITE 142			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CHEFITZ, HAROLD N 13899 BISCAYNE BLVD SUITE 142 MIAMI, FL 33181				
TITLE NAME STREET ADDRESS CITY-SY-ZIP				DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS					

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:

TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/06 (305) 341.3444

Daytime Phone #