2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2004 8:00 am
Secretary of State

06-21-2004 90137 001 ***550.00
06-21-2004 90137 002 *****8.75

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DOCUMENT # P03000085054

1. Entity Name
NOAH EXTRACTION CO. INC.

Principal Place of Business	Mailing Address
3751 W STATE ROAD 84 303 DAVIE, FL 33312	3751 W STATE ROAD 84 303 DAVIE, FL 33312

06122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
N-A	N-A
Suite, Apt. #, etc. N-A	Suite, Apt. #, etc. N-A
City & State N-A	City & State N-A
Zip Country	Zip Country

4. FEI Number 200138816 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DONAL, BENNETT 3751 W STATE ROAD 84 303 DAVIE, FL 33312	Name N-A Street Address (P.O. Box Number is Not Acceptable) N-A N-A City N-A **FL** Zip Code N-A

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

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P BENNETT, DONAL 3751 W STATE ROAD 84 UNIT 303 DAVIE, FL 33312	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 empowered.

SIGNATURE: Donal A Bennett 6/18/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #