

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000054294

FILED  
Feb 10, 2012  
Secretary of State

Entity Name: NOBLE FINANCIAL CORP

**Current Principal Place of Business:**

5284 DEAUVILLE CIRCLE  
BOCA RATON, FL 33496 US

**New Principal Place of Business:**

**Current Mailing Address:**

5284 DEAUVILLE CIRCLE  
BOCA RATON, FL 33496 US

**New Mailing Address:**

FEI Number: 20-2686073

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COHEN, HELAINE  
5284 DEAUVILLE CIRCLE  
BOCA RATON, FL 33496 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

**OFFICERS AND DIRECTORS:**

Title: P, D  
Name: COHEN, MATTHEW  
Address: 19276 NATURES VIEW COURT  
City-St-Zip: BOCA RATON, FL 33498 US

Title: T, D  
Name: COHEN, HELAINE  
Address: 5284 DEAUVILLE CIRCLE  
City-St-Zip: BOCA RATON, FL 33496 US

Title: D  
Name: COHEN, BARRY  
Address: 5284 DEAUVILLE CIRCLE  
City-St-Zip: BOCA RATON, FL 33496 US

I hereby 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 all other like empowered.

SIGNATURE: HELAINE COHEN

T/D

02/10/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date