

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2006 8:00 am
Secretary of State

05-01-2006 90365 039 ***150.00

DOCUMENT # P05000153842 1. Entity Name NOBLE BATH CLUB ENTERPRISES, INC.					
Principal Place of Business 2100 W. 76 ST SUITE 208 HIALEAH, FL 33016			Mailing Address 2100 W. 76 ST SUITE 208 HIALEAH, FL 33016		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		4. FFI Number Applied For			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MIAMI CORPORATE REGISTRY 2100 W. 76 ST SUITE 208 HIALEAH, FL 33016			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 date if applicable. (NOTE: Registered Agent signature required when reappointing.) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 PD NAME Vejar-Cortes, Luis ☐ Delete STREET ADDRESS 2100 W. 76 ST. #212 CITY-ST-ZIP HIALEAH-FL 33016			TITLE PD NAME Vejar-Cortes, Luis ☐ Change ☐ Addition STREET ADDRESS 2100 W. 76 ST #212 CITY-ST-ZIP HIALEAH-FL 33016		
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP			TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP			TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP			TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP			TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP		
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: Vejar-Cortes SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4-26-06 Daytime Phone # 305-854-6063		

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