

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000004140

1. Entity Name
NOBLE AMERICAS CORP.



Principal Place of Business
STAMFORD HARBOR PARK
333 LUDLOW STREET, SUITE 1230
STAMFORD, CT 06902

Mailing Address
STAMFORD HARBOR PARK
333 LUDLOW STREET, SUITE 1230
STAMFORD, CT 06902

DO NOT WRITE IN THIS SPACE



03172005 No Chg-P CR2E034 (10/03)

4. FEI Number
06-1466543

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DEL CASTILLO, VINCENTE
STREET ADDRESS	333 LUDLOW STREET, SUITE 1230
CITY-ST-ZIP	STAMFORD, CT 06902
TITLE	VD
NAME	REICH, THOMAS F
STREET ADDRESS	333 LUDLOW ST.
CITY-ST-ZIP	STAMFORD, CT 06902
TITLE	VD
NAME	BADER, STEVEN
STREET ADDRESS	333 LUDLOW STREET, SUITE 1230
CITY-ST-ZIP	STAMFORD, CT 06902
TITLE	VD
NAME	MIZE, GARY
STREET ADDRESS	38 GLOVERSTER RD.
CITY-ST-ZIP	WANCHAI, HONG KONG
TITLE	V
NAME	EMANUELE, JAMES M
STREET ADDRESS	333 LUDLOW STREET, SUITE 1230
CITY-ST-ZIP	STAMFORD, CT 06902
TITLE	VD
NAME	ZICHICHI, FABRIZIO
STREET ADDRESS	333 LUDLOW ST.
CITY-ST-ZIP	STAMFORD, CT 06902

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03/24/05-80029-024 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Bader

03/17/05

Date

203-324-8555

Daytime Phone #