2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## Sep 28, 2004 8:00 am Secretary of State 3/ DOCUMENT # F02000005596 03-29-2004 90087 025 \*\*\*150.00 1. Entity Name 09-02-2004 90076 019 \*\*\*550.00 NOB HILL MANAGEMENT, INC. Principal Place of Business Mailing Address 3250 MARY STREET, SUITE 306 3250 MARY STREET SUITE 306 MIAMI FL 33133 **MIAMI FL 33133** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (4/04) City & State City & State 4. FEI Number Applied For 65-1178644 Not Applicable Ζip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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. Lam the obligations of registered afterst (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 \$ S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. 10 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITE F ☐ Deleta TITLE ☐ Change ☐ Addition STEINFURTH, PAUL C NAME NAME 3250 MARY STREET STREET ADDRESS STREET ADORESS CITY-ST-ZIP MIAMI FL 33133 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS . CITY-ST-ZIP. CITY-ST-7P Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete Change ☐ Addition. NAME STREET ANDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P 12. I hereby certify that the information supplied with this filling 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 suppliemental 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 direction of the corporation or the receiver e-trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

September 8, 2004

NOB HILL MANAGEMENT, INC. 3250 MARY STREET SUITE 306 MIAMI, FL 33133

Subject: NOB HILL MANAGEMENT, INC.

Reference Number:

F02000005596

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$700.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cc ANNUAL REPORTS SECTION