


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000004839

1. Entity Name
 NOBIS ENTERPRISES USA, INC.



Principal Place of Business
 703 WATERFORD WAY, STE. 540
 MIAMI, FL 33126

Mailing Address
 703 WATERFORD WAY, STE. 540
 MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number
 13-3969239 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DURAN, ALFREDO
 703 WATERFORD WAY, STE. 540
 MIAMI, FL 33126

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	NOBOA, ISABEL
STREET ADDRESS	703 WATERFORD WAY, STE. 540
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	VCP
NAME	NOBOA, ISIDRO ROMERO
STREET ADDRESS	703 WATERFORD WAY, STE. 540
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	DVP
NAME	DURAN, ALFREDO
STREET ADDRESS	703 WATERFORD WAY, STE. 540
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	DS
NAME	DURAN, CYNTHIA
STREET ADDRESS	703 WATERFORD WAY, STE. 540
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 03/01/04-80070-022 158.75

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: Alfredo Duran Date: 2/26/04 Daytime Phone #: 305 263 6988