2005 FOR PROFIT CORPORATION

Apr 19, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # F03000004839 1. Entity Name NOBIS ENTERPRISES USA, INC. Principal Place of Business Mailing Address 703 WATERFORD WAY, STE. 540 703 WATERFORD WAY, STE. 540 MIAMI, FL 33126 MIAMI, FL 33126 04142005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-3969239 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DURAN, ALFREDO DO NOT WRITE 703 WATERFORD WAY, STE, 540 MIAMI, FL 33126 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 famillar with, and accept the obligations of registered_agent. SIGNATURE. Signature, lyped or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS C TITLE NOBOA, ISABEL NAME STREET ADDRESS 703 WATERFORD WAY, STE. 540 CITY-ST-7IP MIAMI, FL 33126 UUUUUUU315044 04/19/05-80016-022 168.75 VCP TITLE NAME NOBOA, ISIDRO ROMERO STREET ADDRESS 703 WATERFORD WAY, STE. 540 CITY-ST-ZIP MIAMI, FL 33126 DVP TITLE DURAN, ALFREDO NAME STREET ADDRESS 703 WATERFORD WAY, STE. 540 DO NOT WRITE CITY-ST-ZIP MIAMI, FL 33126 IN THIS SPACE TITLE DS DURAN, CYNTHIA NAME STREET ADDRESS 703 WATERFORD WAY, STE. 540 CITY-ST-ZIP MIAMI, FL 33126 TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119,07(3)(f). Florida Statutes, I further certify that the information indicated on this report or supplemental report is trule 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 feetiver 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 attachagen with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED