


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 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



04072006 No Chg-P CR2E034 (11/05)

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

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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, 2006 Fee will be \$550.00

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

00000501518
 04/25/06-80061-025 158.75

10. OFFICERS AND DIRECTORS

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

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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: Alfredo Duran 4/6/06 305 2636988
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #