


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 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**



01092007 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

**DO NOT WRITE IN THIS SPACE**

I, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

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	

100000583076  
 01/11/07-80057-011 158.75

**DO NOT WRITE IN THIS SPACE**

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:  1/9/07 305 263 6988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #