


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # F03000004839</b><br>1. Entity Name<br>NOBIS ENTERPRISES USA, INC. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>703 WATERFORD WAY, STE. 540<br>MIAMI, FL 33126 | Mailing Address<br>703 WATERFORD WAY, STE. 540<br>MIAMI, FL 33126 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



02112008 No Chg-P CR2E034 (11/05)

|                                  |  |
|----------------------------------|--|
| 4. FEI Number<br>13-3969239      | Applied For<br>Not Applicable                                      |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$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 \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|---|--|

10. OFFICERS AND DIRECTORS

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

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02/26/08-80050-016 158.75

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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:  2/11/08 305 263-6988

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