


2008 FOR PROFIT CORPORATION ANNUAL REPORT


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

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**

DO NOT WRITE IN THIS SPACE



02112008 No Chg-P CR2E034 (11/05)

| | |
|------------------------------------|---|
| 4. FEI Number 13-3969239 | Applied For 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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 | |

DO NOT WRITE IN THIS SPACE

U00000829690
 02/26/08-80050-016 158.75

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 #