2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000080582

Entity Name: NOBSA'S FURNITURE DESIGN, INC

FILED Apr 19, 2007 Secretary of State

| | | TORRITORE BEGIOTY, IIVO. | | | |
|--|-----------------------------------|-------------------------------|---|---|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| 2830 MARINA MILE BLVD UNIT 119 FORT LAUDERDALE, FL 33312 US | | | 2830 MARINA MILE BI FORT LAUDERDALE, | LVD UNIT 118 FL 33312 US | |
| Current N | /lailing Addres | s: | New Mailing Address | New Mailing Address: | |
| 2830 MARINA MILE BLVD UNIT 119 FORT LAUDERDALE, FL 33312 US | | | | 21055 YACHT CLUB DR. UNIT 2808 AVENTURA, FL 33180 US | |
| FEI Number | r: 65-1035645 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | d Address of C | urrent Registered Agent: | Name and Address o | f New Registered Agent: | |
| MENDEZ, DANIEL 2830 MARINA MILE BLVD UNIT 119 FORT LAUDERDALE, FL 33312 US | | | | MENDEZ, DANIEL 21055 YACHT CLUB DR. UNIT 2808 AVENTURA, FL 33180 US | |
| | e named entity s e of Florida. | ubmits this statement for the | purpose of changing its registered | d office or registered agent, or both, | |
| SIGNATU | RE: DANIEL M | IENDEZ | | 04/19/2007 | |
| | Electroni | c Signature of Registered Ag | ent | Date | |
| Election Ca | mpaign Financing | Trust Fund Contribution (). | | | |
| OFFICER | S AND DIRECT | ORS: | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |
| Title: Name: Address: City-St-Zip: | MENDEZ, DANÍE | LUB DR. UNIT 2808 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | MENDEZ, DANIE | LUB DR. UNIT 2808 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | MENDEZ, CLAU | LUD DR. UNIT 2808 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | MENDEZ, CLAU | LUB DR. UNIT 2808 | Title: Name: Address: City-St-Zip: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

| SIGNATURE: | DANIEL MENDEZ | Р | 04/19/2007 |
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