

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000084473**

1. Entity Name  
**NOTI COLOMBIA INCORPORATED**



Principal Place of Business  
**5201 BLUE LAGOON DRIVE  
PENTHOUSE  
MIAMI, FL 33126**

Mailing Address  
**4521 NW 94 COURT  
MIAMI, FL 33178**



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-1072338** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 32301-2960**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(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

**1000000532474  
05/06/06-80085-018 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARUN, HABIB MERHEG 4521 NW 94 COURT MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERHEG, JUAN SAMMY 4521 NW 94 COURT MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERHEG, NORA 4521 NW 94 COURT MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:** Habib Merheg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

00-20-06

Date

805-606-4951  
Daytime Phone #