FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91864 001 ***600.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

55032979

DOCUMENT # P01000074880

1. Entity Name
NOBLE HOLDINGS, INC.

Principal Place of Business	Mailing Address
~~604 BRICKELL KEY DR, SUITE~~ 705 ~~MIAMI, FL 33131~~	~~601 BRICKELL KEY DR,~~ SUITE 705 ~~MIAMI, FL 33131~~

2. Principal Place of Business	3. Mailing Address
45 SW 24 ROAD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State
Zip: 33129 Country	Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1132502 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~BAJANDAS, RICARDO~~ ~~604 BRICKELL KEY DR~~, SUITE 705 ~~MIAMI, FL 33131~~	Name: GEORGE SAENZ, CPA, P.A. Street Address (P.O. Box): 45 S.W. 24th Road City: Miami, Florida 33129 FL Zip Code

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 _____ 4/16/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

~~FILE NOW!!! FEE IS $150.00~~
~~After May 1, 2003 Fee will be $550.00~~
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CORTEZ MORENO, RICARDO R ~~604 BRICKELL KEY DRIVE, SUITE~~ 705 ~~MIAMI, FL 33131~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	13 GRAND BAY ESTATES CIR KEY BISCAYNE FL 33149	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~AS~~ ~~BAJANDAS, RICARDO~~ ~~601 BRICKELL KEY DRIVE, SUITE 705~~ ~~MIAMI, FL 33131~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~ FIGUEROA, JOSE L ~~601 BRICKELL KEY DRIVE~~, SUITE 705 ~~MIAMI, FL 33131~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 4/16/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #