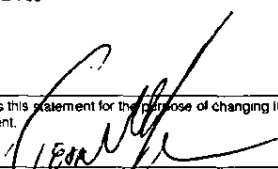
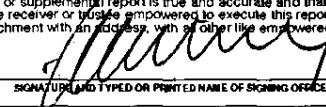


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91864 001 ***600.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

55632979

DOCUMENT # P01000074880			
1. Entity Name NOBLE HOLDINGS, INC.			
Principal Place of Business 601 BRICKELL KEY DR, SUITE 705 MIAMI, FL 33131		Mailing Address 601 BRICKELL KEY DR, SUITE 705 MIAMI, FL 33131	
2. Principal Place of Business 45 SW 24 ROAD		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami FL		City & State	
Zip 33129		Country	
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 BAJANDAS, RICARDO 601 BRICKELL KEY DR, SUITE 705 MIAMI, FL 33131		7. Name and Address of New Registered Agent GEORGE SAENZ, CPA, P.A. 45 S.W. 24th Road Miami, Florida 33129 FL	
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  DATE 4/16/03 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when reinstating)			
FILE NOW! FEE IS \$160.00. 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 601 BRICKELL KEY DRIVE, SUITE 705 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP 13 GRAND BAY ESTATES CIR KEY BIS CAYNE FL 33149	
TITLE NAME STREET ADDRESS CITY-ST-ZIP AG BAJANDAS, RICARDO 601 BRICKELL KEY DRIVE, SUITE 705 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP S FIGUEROA, JOSE L 601 BRICKELL KEY DRIVE, SUITE 705 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 or without other like empowered.			
SIGNATURE: 		Date 4/16/03 Cayman Phone #	

CR2E034 (10/02)