2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000113726

1. Entity Name
NOA LE, INC.

Principal Place of Business	Mailing Address
6401 E ROGERS CIR. DR. #5 BOCA RATON, FL 33487	6401 E ROGERS CIR. DR. #5 BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE

04022005   No Chg-P   CR2E034 (10/03)

4. FEI Number 03-0458600	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

LEVHAR, SHLOMO
6401 E. ROGERS CIR. DR. #5
BOCA RATON, FL 33487

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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, 2005 Fee will be $550.00

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

IJ00000332157
04/26/05-80046-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEVHAR, SHOLMO
STREET ADDRESS	6401 E. ROGERS CIR. DR. #5
CITY-ST-ZIP	BOCA RATON, FL 33487

TITLE	
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CITY-ST-ZIP	

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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 5.05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #