

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000036753

FILED
May 13, 2005
Secretary of State

Entity Name: NOBIS ENTERPRISES, CORP.

Current Principal Place of Business:

11965 SW 99 TERR
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

11965 SW 99 TERR
MIAMI, FL 33186

New Mailing Address:

FEI Number: 04-3701880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VERGARA JIMENO, DYNORAH
11965 SW 99 TERR
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: VERGARA JIMENO, DYNORAH
Address: 11965 SW 99 TERR
City-St-Zip: MIAMI, FL 33186

Title: VS () Delete
Name: JIMENO, HAROLD
Address: 11965 SW 99 TERR
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DYNORAH JIMENO

PRES

05/13/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date