

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90021 047 \*\*\*150.00

<b>DOCUMENT # P02000123421</b>					
1. Entity Name <b>NOBIL INVESTMENT, INC.</b>					
Principal Place of Business <b>7921 NW 2ND ST. MIAMI FL 33126</b>			Mailing Address <b>7921 NW 2ND ST. MIAMI FL 33126</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>68-0529957</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GALVIS, VICTOR M. 7921 SW 2ND ST. MIAMI FL 33126</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			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 <i>[Signature]</i> <b>TREASURE</b>		(NOTE: Registered Agent signature required when reinstating)		DATE <b>02-02-04</b>	
Signature, typed or printed name of registered agent and title if applicable.					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DE ANGELIS, LUIGI		NAME		
STREET ADDRESS	7921 SW 2ND ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DE ANGELIS, LOIGRAND P		NAME		
STREET ADDRESS	7921 SW 2ND ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DE ANGELIS, ADELINA		NAME		
STREET ADDRESS	7921 SW 2ND ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DE ANGELIS, PASQUALE		NAME		
STREET ADDRESS	7921 SW 2ND ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 all other like empowered.					
SIGNATURE: <i>[Signature]</i> <b>TREASURE</b>		02-17-04		305 2691022	
Signature and typed or printed name of signing officer or director		Date		Daytime Phone #	