

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90080 023 ***150.00

DOCUMENT # P02000123421

1. Entity Name
NOBIL INVESTMENT, INC.



Principal Place of Business
7921 NW 2ND ST.
MIAMI, FL 33126

Mailing Address
2664 SW 376TH AVE
APT 815
MIAMI, FL 33133

40105434



2. Principal Place of Business - No P.O. Box #
2665 SW 37TH AVE.
Suite, Apt. #, etc.
815

3. Mailing Address
2665 SW 37TH AVE
Suite, Apt. #, etc.
815

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33133

Country
USA

Zip
33133

Country
USA

01222007 Chg-P CR2E034 (12/06)

4. FEI Number
68-0529957

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GALVIS, VICTOR M
7921 SW 2ND ST.
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name
LUIGI DE ANGELO'S
Street Address (P.O. Box Number is Not Acceptable)

2665 SW 37TH AVE # 815

City
MIAMI

FL

Zip Code
33133

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 LUIGI DE ANGELO'S

06-26-07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME PD
DE ANGELO'S, LUIGI
STREET ADDRESS
CITY- ST- ZIP 2665 SW 37TH AVE. APT. 815
MIAMI, FL 33133 ☐ Delete

TITLE
NAME VD
DE ANGELO'S, LOIGRAND P
STREET ADDRESS
CITY- ST- ZIP 2665 SW 37TH AVE. APT. 815
MIAMI, FL 33133 ☐ Delete

TITLE
NAME TD
DE ANGELO'S, PASQUALE
STREET ADDRESS
CITY- ST- ZIP 2665 SW 37TH AVE. APT. 815
MIAMI, FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP ☐ Change ☐ Addition

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CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 to this address, with all other like empowered.

SIGNATURE: LUIGI DE ANGELO'S

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Distance Phone #

06-26-07 (308) 7885403