

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90025 019 ***150.00

DOCUMENT # P03000027867

1. Entity Name
INVERSIONES NOI-B, CORP.

Principal Place of Business
**13186 SW 130 TR UNIT 101
MIAMI, FL 33186**

Mailing Address
**13186 SW 130 TR UNIT 101
MIAMI, FL 33186**

44013382

2. Principal Place of Business
11570 S. Orange Blossom

3. Mailing Address
11570 S. ORANGE Bloss.



02182004 Chg-P CR2E034 (10/03)

City & State
Orlando, FL
Zip
32837
Country
USA

City & State
ORLANDO FL
Zip
32837
Country
USA

4. FEI Number
45-0505352
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BILCHES, JUAN O
13186 SW 130 TR UNIT 101
MIAMI, FL 33186**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
11570 S. Orange Blossom Trl.
City **Orlando** **FL** Zip Code **32837**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **BILCHES, JUAN O**
STREET ADDRESS **13186 SW 130 TR UNIT 101**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **VD** ☐ Delete
NAME **VAZQUEZ- DE BILCHES, ANA MARIA V**
STREET ADDRESS **13186 SW 130 TR UNIT 101**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **VD** ☐ Delete
NAME **BILCHES,VASQUES,FEDERICO.G**
STREET ADDRESS **13186 SW 130 TR UNIT 101**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2211 Phoenicia Rd**
CITY-ST-ZIP **Orlando, FL 32837**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2211 Phoenicia Rd.**
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TITLE ☐ Change ☐ Addition
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 all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/09/04 **407/358-0641**
Date Daytime Phone #