


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90079 035 \*\*\*150.00

**DOCUMENT # P03000096701**

1. Entity Name  
**NOB HILL GROUP, INC.**



Principal Place of Business  
**3121 W HALLANDALE BEACH BLVD STE 102**  
**PEMBROKE PINES, FL 33009**

Mailing Address  
**3121 W HALLANDALE BEACH BLVD STE 102**  
**PEMBROKE PINES, FL 33009**

J4000000

2. Principal Place of Business  
**3001 W. HALLANDALE BEACH BLVD**  
 Suite, Apt. #, etc.  
**Suite 300**  
 City & State  
**Pembroke Park FL**  
 Zip  
**33009** Country  
**Broward**

3. Mailing Address  
**3001 W. HALLANDALE BEACH BLVD**  
 Suite, Apt. #, etc.  
**Suite 300**  
 City & State  
**Pembroke Park FL**  
 Zip  
**33009** Country  
**Broward**



03052004 Chg-P CR2E034 (10/03)

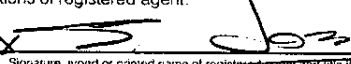
6. Name and Address of Current Registered Agent  
**JAZARYI, SAM**  
**3121 W HALLANDALE BEACH BLVD STE 102**  
**PEMBROKE PINES, FL 33009**

4. FEI Number  Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent  
 Name  
**SAM JAZARYI**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3001 W. HALLANDALE BEACH BLVD**  
**Suite 300**  
 City  
**Pembroke Park** FL Zip Code  
**33009**

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  DATE **3/4/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	D	<input checked="" type="checkbox"/> Delete
NAME	RESTREPO, FERNAN	
STREET ADDRESS	1003 SHOTGUN RD	
CITY-ST-ZIP	SUNRISE, FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAZARYI, SAM	
STREET ADDRESS	<del>3121 W HALLANDALE BEACH BLVD STE 102</del>	
CITY-ST-ZIP	<del>PEMBROKE PINES, FL 33009</del>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REY, JAIME	
STREET ADDRESS	7951 SW 40 ST STE 206	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID WINGARD	
STREET ADDRESS	3001 W. HALLANDALE B. BLVD. # 300	
CITY-ST-ZIP	PEMBROKE PARK, FL. 33009	
TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAZARYI, SAM	
STREET ADDRESS	3001 W. HALLANDALE BEACH BLVD # 300	
CITY-ST-ZIP	PEMBROKE PARK, FL 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE **3/4/04** (95A) 981-1154

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