



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90040 043 \*\*\*150.00

<b>DOCUMENT # P03000101951</b> 1. Entity Name <b>NOAH'S ARK INVESTMENTS, INC.</b>					
Principal Place of Business <b>907 LAKEVIEW CIRCLE ROYAL PALM BEACH, FL 33411</b>			Mailing Address <b>907 LAKEVIEW CIRCLE ROYAL PALM BEACH, FL 33411</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		

  
 03092004    Chg-P    CR2E034 (10/03)

4. FEI Number <b>57-1186991</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>		Name <b>STEFFANI T. MARTIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>1704 17TH LANE</b> City <b>LAKE WORTH, FL</b> Zip Code <b>33463</b>	

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 *Steffani T. Martin*  
Signature, typed or printed name of registered agent and date if applicable.

**3/8/04**  
DATE

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVST YAR, RIAD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAR, RIAD	NAME	
STREET ADDRESS	907 LAKEVIEW CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	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: *Riad Yar, Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/15/04**  
DATE

**(561) 792-4968**  
Daytime Phone #