


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90036 012 \*\*\*150.00

DOCUMENT # PO3000152903  
 1. Entity Name  
NOELLE TRANSPORT Corp.



**DO NOT WRITE IN THIS SPACE**

**54027439**

2. Principal Place of Business  
416 E 32 ST APT 2  
 Suite, Apt. #, etc.  
HIALEAH FL  
 City & State  
33013  
 Zip

3. Mailing Address  
416 E 32 ST  
 Suite, Apt. #, etc.  
APT # 2  
 City & State  
HIALEAH FL  
 Zip  
33013  
 Country  
MIAMI DADE

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
37-1480928  
 Applied For  
 Not Applicable

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

7. Name and Address of Current Registered Agent

Name  
Noel de la Cruz

Street Address (P.O. Box Number is Not Acceptable)  
416 E 32 ST APT 2

City  
HIALEAH FL Zip Code  
33013

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 [Signature] DATE 4/01/04

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

January 1 - May 1: Fee is \$150.00  
 After May 1: Fee is \$350.00  
 Amended UBR is \$61.25  
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Noel de la Cruz</u> <u>416 E 32 ST</u> <u>HIALEAH FL 33013</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other individuals empowered.

SIGNATURE: [Signature] DATE: 4/01/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)