2006

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2006 8:00 am
Secretary of State
05-09-2006 90083 048 ***150.00

DOCUMENT # P04000159701

1. Entity Name
NOGUERA CORPORATION

DO NOT WRITE IN THIS SPACE

400899888

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
764 NW 29 st	764 NW 29 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33127 Country: U.S.A	Zip: 33127 Country: U.S.A

4. FEI Number: 20-2064978 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MARIN , ROSABEL

Street Address (P.O. Box Number is Not Acceptable): 1104 NW 6 STREET

City: MIAMI FL Zip Code: 33136

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.

SIGNATURE: [signature] 4/27/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	PS
NAME	MARIN,ROSABEL
STREET ADDRESS	1104 NW 6 STREET
CITY-ST-ZIP	MIAMI, FL 33136
TITLE	VT
NAME	NOGUERA,MARIO R.
STREET ADDRESS	1104 NW 6 STREET
CITY-ST-ZIP	MIAMI, FL 33136
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all blanks like empowered.

SIGNATURE: [signature] 4/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #