## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 10, 2006 8:00 am Secretary of State

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DOCUMENT # P05000150709  1. Entity Name NOSCOHUE, CORP.						04-10-2006 90312 042 ***150.00				
Principal Plac	a of Busines			1	υυυ	162U	) J			
Principal Place of Business			Mailing Address		·					
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Principal Place of Business     3. Mailing Address								i ii 11		.M.
z. Amcipari	lace of busin	1000	J. Mailing Address				MANY BIND BAND SAIM BAD	BI MBAN BUN T	AKN IARIN BRILD IBI	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		4					
Suite, Apr. #, etc.			Suits, Apt. #, ctc.			04042006	Chg-P	CR2E	034 (11/05)	
City & State			City & State		4 FEI Numbe	er <b>20-37</b> 8 5	235	Ar	plied For	
Ony a state			J., 4 -			11.27.13.13	- 20-310 g	700		t Applicable
Zip Country		Zip Count		ntrv	1			\$8.75 Add		
2.10	Zip Country		1 2.5		,	5. Certificate	of Status Desired		Fee Required	Juonai d
	6 Name	and Address of Current R	Pagistored Agent	1	1	7 Name and	Address of New R	Panietarad		<del>-</del>
	o. Italiie	AND Address of Current A	registered Agent	····-	Name	7. 142116 2110	Address of New N	registered	Agent	<del></del>
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		ENUE APT 1207		Street Address			er is Not Acceptable	e)		
MAMI, FL		E110E Aț 1 1201								
ivi	00120									
					City				Zip Code	
-		,	\		City			FL	-   Zip Code	<i>3</i>
8, The above	named eqti	y submits this statement for	the purpose of changing its	s register	ed office or registe	red agent, or bo	th, in the State of Flo	orida; I am	familiar with,	and accept
the obligat	tions of regis	tered agent	<b>\</b>				1	1 1	_	
10	~	X = X					4	1410	C	
NIGNATURE.	Signature Ivos	or printed name of registered agent ar	nd title if applicable. (NO	TE: Registere	d Agent signature require	d when reinstating)	<u>`</u>	DATE	<del></del>	
					•			1 -7		
			9. Election Campa	aion Fina	ncina \$5	.00 May Be				
- FIL	E NOW!!! av 1. 200	FEE IS \$150.00 6 Fee will be \$550.0		_		ded to Fees				
_ Altor wi		# 14								
10.		OFFICERS AND D	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AN	DIRECTORS	3 IN 11
' 'LE	DPS	***	Delete	TITL	E				Change	☐ Addition
HAME	D"ONOFI	RIO, JUAN PABLÖ		NAN	IE !					
REET ADDRESS	1627 BRI	CKELL AVENUE APT 12	207	STR	EET ADDRESS					
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Y-ST-ZIP			/	CITY	r-ST-ZIP					
12. Thereby	certify that b	e information Supplied with	this filing does not aualify f	or the ex	emptions containe	d in Chapter 119	9, Florida Statutes. I	further cer	tify that the in	nformation
indicated	on this repo	e information supplied with in or supplemental report is the receiver or trustee emportachment with an address, w	true and accurate and that	my signa	ture shall have the	same legal effect	ot as if made under	oath; that I	am an officer	or director
of the co	rporation or f l, or on an att	ine receiver or trustee empo lachment with an address, w	wered to execute this repor viticall other like empowered	ı as requ d.	red by Chapter 60	n, riunua Statute	ടം, and uat my nam ം i	e appears	BI BIOCK TO OF	DIOCK 11 II
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR