## **FILED** Jul 25, 2007 8:00 am Secretary of State

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DOCUMENT # P06000116809 07-25-2007 90046 028 \*\*\*150.00 NOBLE EXPRESS CORPORATION Principal Place of Business Mailing Address 40127073 1110 BRICKELL AVE STE 506 1110 BRICKELL AVE STE 506 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1454 N. W. 78 AVE 454 N.W. 06272007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number 20- VV - 4919 Applied For DONAL DORAL Not Applicable Country ADE Zip Country \$8.75 Additional 5. Certificate of Status Desired 33/26 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name USEDA, HUMBERTO Street Address (P O Box Number is Not Acceptable) 1822 SW 152 CT MIAMI, FL 33185 Zip Code FL 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 . J SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the  $\Box$ Trust Fund Contribution Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE Change ☐ Addition USEDA, HUMBERTO HAME NAME STREET ADDRESS 1110 BRICKELL AVE STE 506 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition CORTEZ, RICARDO R NAME NAME STREET ADDRESS 1110 BRICKELL AVE STE 506 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-7IP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with indicated on this report or supplemental report of the corporation or the receiver or trusted end. This filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 owered 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 a with all other like empowered SIGNATURE: OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

June 29, 2007

ATTACHMENT 40127073 # 006000116809

1454 N. W. 78 Av. Doral, Florida 33126

Division of Corporation P. O. Box 1500 Tallahassee, Fl. 32302-1500

Dear Sir:

Please be advised that we moved from our previous location and never receive the notice of Annual Report.

Regards,

Humberto Useda, President

Noble Express Corp