
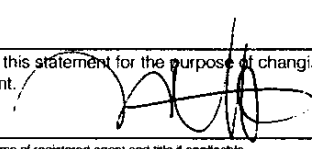
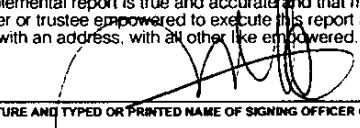


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90034 015 ***150.00

DOCUMENT # P07000096418			
1. Entity Name NOEABI 4 LIFE, INC.			
Principal Place of Business 8933 NW 178TH STREET MIAMI, FL 33018 US		Mailing Address 8933 NW 178TH STREET MIAMI, FL 33018 US	
2. Principal Place of Business - No P.O. Box # 8933 NW 178 St		3. Mailing Address 8933 NW 178 St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hialeah FL		City & State Hialeah FL	
Zip 33018	Country US	Zip 33018	Country US
6. Name and Address of Current Registered Agent DE FRANCISCO, MIRIAM 8933 NW 178TH STREET MIAMI, FL 33018		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES DE FRANCISCO, MIRIAM 8933 NW 178TH STREET MIAMI, FL 33018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DE FRANCISCO, ALEXI 8933 NW 178TH STREET MIAMI, FL 33018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRANCISCO, ROBERTO DE 8933 NW 178TH STREET MIAMI, FL 33018 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		35-825-2743	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40103000



05142008 Chg-P CR2E034 (12/06)

4. FEI Number **26-0801645** Applied For
Not Applicable

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

ATTACHMENT

40103936

May 14th, 2008

Division of Corporations
PO Box 8800
Tallahassee, FL 32314

In RE 2008 Annual Report
Document # P07000096148
FEI # 26-0801645

My letter is to inform you of the reasons I was not able to file before May 1st, 2008>

1. This is the first year of this corporation and I was unaware a report was due.
2. The notice did not get to me on time, I am assuming because the city in the address was wrong.
3. I am financially unable to pay the late fee of \$400.00.

Please take this letter into your consideration and accept my \$150.00 payment for this year's annual report.

Thank you in advance for your attention to this matter, if you have any further questions call 786-355-4233.

Sincerely,



Miriam De Francisco
President