

# FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

DO NOT WRITE IN THIS SPACE

FILED

11 JUN 20 PM 1:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P10000076793

1. Entity Name

NOCENT ENTERPRISES INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #

1505 14 CT

Suite, Apt. #, etc.

3. Mailing Address

1505 14 CT

Suite, Apt. #, etc.

City & State

Vero Beach FL

City & State

Vero Beach FL

4. FEI Number

Applied For

Not Applicable

Zip

Country

United States

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Domenico Campiano

Street Address (P.O. Box Number is Not Acceptable)

1505 14 CT

City

Vero Beach FL

FL

Zip Code

32960

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution. Added to Fees

E-mail Address:

E-mail address to be used for future annual report notices

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	Domenico Campiano
STREET ADDRESS	1505 14 CT VERO BEACH
CITY-ST-ZIP	FL 32960
TITLE	VICE PRESIDENT
NAME	Maria Carolina CASIMIRO
STREET ADDRESS	1505 14 CT VERO BEACH
CITY-ST-ZIP	FL 32960
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000207314100

05/06/11--01011--008 \*\*125.00

000207314100

06/01/11--01028--007 \*\*25.00

DO NOT WRITE  
IN THIS SPACE

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

Domenico Campiano

5/29/2011 714/6338953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #