

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000054082

Entity Name: NOBLECOM INC.

FILED
May 25, 2006
Secretary of State

Current Principal Place of Business:

301 OCEAN DR #402
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

301 OCEAN DR #402
MIAMI BEACH, FL 33139

New Mailing Address:

C/O JULIO E FERNANDEZ
2801 PONCE DE LEON BLVD , STE 290
CORAL GABLES, FL 33134

FEI Number: 65-0516317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMBS, J.F.
301 OCEAN DRIVE #402
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COMBS, JEFFREY F
Address: 301 OCEAN DR #402
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: MCAULIFFE, PAUL
Address: FIRST BOSTON, PARK AVENUE PLAZA
City-St-Zip: NEW YORK, NY

Title: D () Delete
Name: DORAN, WILLIAM
Address: 1221 AVE. OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JF COMBS

P

05/25/2006

Electronic Signature of Signing Officer or Director

Date