

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000064033

FILED
Apr 20, 2005
Secretary of State

Entity Name: NORIELLE INVESTMENT CORPORATION

Current Principal Place of Business:

1305 SW 30 AVE.
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

3400 CORAL WAY
600
MIAMI, FL 331453053

New Mailing Address:

2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134

FEI Number: 65-0609776

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CIMADEVILLA, ELIZABETH
1305 SW 30 AVE.
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA
2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134 US

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: ANTONIO GARCIA

04/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: CIMADEVILLA, ELIZABETH
Address: 1305 SW 30 AVE.
City-St-Zip: MIAMI, FL 33145

Title: VD () Delete
Name: CIMADEVILLA, MANUEL
Address: 1305 SW 30 AVE.
City-St-Zip: MIAMI, FL 33145

Title: SD () Delete
Name: CIMADEVILLA, DIGNORA
Address: 1305 SW 30 AVE.
City-St-Zip: MIAMI, FL 33145

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 Section 119.07(3)(i), 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: ELISABETH CIMADEVILLA

DPT

04/20/2005

Electronic Signature of Signing Officer or Director

Date