2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000060149

1. Entity Name
NOB HILL PLAZA, INC.

Principal Place of Business
10019 SUNSET STRIP
SUNRISE, FL 33322 US

Mailing Address
4350 W. SUNRISE BLVD
SUITE 122
PLANTATION, FL 33313 US

02032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0786081
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TEPPS, JEROME L
3411 POWERLINE ROAD #701
FORT LAUDERDALE, FL 33309

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	SCHUMAN, PHILLIP R
STREET ADDRESS	4350 W SUNRISE BLVD #122
CITY-ST-ZIP	PLANTATION, FL 33313
TITLE	VD
NAME	SHIELDS, WILLIAM B JR
STREET ADDRESS	4350 W SUNRISE BLVD #122
CITY-ST-ZIP	PLANTATION, FL 33313
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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TITLE	
NAME	
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CITY-ST-ZIP	

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02/21/05-80082-007 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: PS P.R. SCHUMAN 2/9/05 9543162135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #