## **2006 FOR PROFIT CORPORATION**

changed, or on an attachment with an address, with all other like empowered

SIGNATURE: \_

## Jan 26, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P97000095263 01-26-2006 90045 016 \*\*\*150.00 NOB HILL CONNECTION CORP. Principal Place of Business Mailing Address T2916 W.Z 106 · SAME Foot Lauba Dale, Fl 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3486695 Not Applicable Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KOEPPEL, JOEL P Street Address (P.O. Boy Number is Not Acceptable) 222 LAKEVIEW AVE., SUITE 260 W. PALM BEACH, FL 33401 City Zω Code 8. The above named entity submithe obligations of registered at s this statemer fr the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATURE Separ recoport hapere indiagen, and nite if applicable (NOTE Registered Agencalinature required when learns shado 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 TITLE ☐ Chappe ☐ Addition II LE Delete DUBUC, DAVID NAME 7050 W PALMETTO PARK RD STREET ADDRESS SIPEET ACCORESS BOCA RATON, FL 33433 CITY ST ZIP CHY ST JIP Delete Change Addition TITLE NAME MANAG SUBJECT ADDRESS. SHILLET ADDRESS SITY STEAM 0 78 ST 21P Oelete THLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST ZIP CITY ST ZIP Delete Change Addition THLE DANS STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST ZIP ☐ Change Addition THE Delete TITLE MAME NAME SUPERT ADDRESS STREET ADDRESS DEY ST 78 CHY ST ZIP ☐ Change Addition hatt Delete II LE MAME MAME STREET ADDRESS SIRELI ADDRESS CITY ST ZIP 12. Thereby certify that the information supplies with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or suppliemental 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

**FILED**