2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000095263

1. Entity Name

NOB HILL CONNECTION CORP.



Principal Place of Business

201 SW 2ND STREET FT. LAUDERDALE, FL 33301 Mailing Address

201 SW 2ND STREET FT. LAUDERDALE, FL 33301 FILED Jan 25, 2008 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

 01082008
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number
 Applied For Not Applicable

Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUBUC, DAVID 201 SW 2ND STREET FT. LAUDERDALE, FL 33301

DO NOT WRITE IN THIS SPACE

				IN I	IHIS SPACE
	named entity submits this statement for the plans of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bot	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature typed or printed name of registered agent and title i	applicable (NOTE: Registered	Agent signature	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUBUC, DAVID 7050 W PALMETTO PARK RD BOCA RATON, FL 33433	·			
NAME STREET ADDRESS C11Y-S1-ZIP	-		:. <u>-</u> -		000000796681 01/29/08-80043-009 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
NAME STREET ADDRESS CHY-ST-ZIP				IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		٠			
DILE NAME SIRELLADORESS					į

12. Thereby 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 rate 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 (eport 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:

CITY-S1-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytiftie Pirone #