


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000093699**

1. Entity Name  
**NOB HILL STORAGE, INC.**



Principal Place of Business <b>751 PARK OF COMMERCE DRIVE          SUITE 128          BOCA RATON, FL 33487</b>	Mailing Address <b>751 PARK OF COMMERCE DRIVE          SUITE 128          BOCA RATON, FL 33487</b>
---	---

**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

4. FEE Number <b>65-0960095</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**COLMAN, NANCY B ESQ.  
 DREIER BARITZ & COLMAN  
 150 EAST PALMETTO PARK ROAD, SUITE 750  
 BOCA RATON, FL 33432**

**DO NOT WRITE IN THIS SPACE**

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, 2004 Fee will be \$550.00**

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

110000100127  
 03/31/04-80034-002 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PECHTER, MARTIN 751 PARK OF COMMERCE DR #128 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PECHTER, JEFFERY 751 PARK OF COMMERCE DR #128 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLOCK, STEPHEN E 751 PARK OF COMMERCE DR #128 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLOCK, STEPHEN E 751 PARK OF COMMERCE DR #128 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **3/15/04** **561-982-7770**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #