


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000093699
 1. Entity Name
NOB HILL STORAGE, INC.



| | |
|---|---|
| Principal Place of Business 8135 LAKE WORTH RD SUITE B LAKE WORTH, FL 33467 | Mailing Address 8135 LAKE WORTH RD SUITE B LAKE WORTH, FL 33467 |
|---|---|

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent
**COLMAN, NANCY B ESQ.
 BARITZ & COLMAN
 1075 BROKEN SOUND PARKWAY, NE
 BOCA RATON, FL 33487**

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

| | | |
|--|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000828405 02/25/08-80011-009 158.75 |
|--|---|---|

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 8135 LAKE WORTH RD STE B LAKE WORTH, FL 33467 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BLOCK, STEPHEN E 8135 LAKE WORTH RD STE B LAKE WORTH, FL 33467 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BLOCK, STEPHEN E 8135 LAKE WORTH RD STE B LAKE WORTH, FL 33467 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby 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 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: _____ **2/12/08** **561-357-0121**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #