

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # S37370

1. Entity Name
NOBLE EXPORT CORP.



Principal Place of Business
**5200 N. OCEAN BLVD
#903
FT. LAUDERDALE, FL 33308**

Mailing Address
**5200 N. OCEAN BLVD.
#903
FT. LAUDERDALE, FL 33308**



03282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0259583

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROTCHEIN, JOSEPH
5200 N. OCEAN BLVD. #903
FT. LAUDERDALE, FL 33308**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

**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	D
NAME	ROTCHEIN, JOSEPH
STREET ADDRESS	5200 N. OCEAN BLVD.
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	D
NAME	ROTCHEIN, FLORA
STREET ADDRESS	5200 N. OCEAN BLVD.
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000289184
04/06/05-80013-022 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joseph Rotchein 04/06/05 854-147-2220