

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000047740

FILED
Apr 24, 2007
Secretary of State

Entity Name: NOVA STAR, LLC

Current Principal Place of Business:

11132 NW 73 ST
DORAL, FL 33178

New Principal Place of Business:

1845 NW 112 AVE.
SUITE # 189
DORAL, FL 33172

Current Mailing Address:

11132 NW 73 ST
DORAL, FL 33178

New Mailing Address:

1845 NW 112 AVE.
SUITE # 189
DORAL, FL 33172

FEI Number: 41-2144300

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARCELO MORALES, HUGO
11132 NW 73 ST
DORAL, FL 33178 US

Name and Address of New Registered Agent:

MARCELO MORALES, HUGO
1845 NW 112 AVE.
SUITE # 189
DORAL, FL 33172 US

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.

SIGNATURE:

04/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MORALES, HUGO M
Address: 11132 NW 73 ST
City-St-Zip: DORAL, FL 33178

Title: MGRM () Delete
Name: MONASTERIO, TAMARA
Address: 11132 NW 73 ST
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MORALES, HUGO M
Address: 1845 NW 112 AVE. SUITE # 189
City-St-Zip: DORAL, FL 33172

Title: MGRM (X) Change () Addition
Name: MONASTERIO, TAMARA
Address: 1845 NW 112 AVE. SUITE # 189
City-St-Zip: DORAL, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TAMARA MONASTERIO

MS.

04/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date