


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000016821  
 1. Entity Name  
 NOVIS II, INC.



Principal Place of Business 12831 SOUTH CALUSA CLUB DRIVE MIAMI, FL 33186	Mailing Address 15983 SW 85 STREET MIAMI, FL 33193
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**DO NOT WRITE IN THIS SPACE**



02262004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0763637	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CORTINOVIS, CARLOS G  
 12831 SOUTH CALUSA CLUB DRIVE  
 MIAMI, FL 33186

**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 reinstating) DATE

**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

U00000078201  
 03/08/04-80017-023 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CORTINOVIS, CARLOS G 12831 SOUTH CALUSA CLUB DR. MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST CORTINOVIS, MARIA A 12831 SOUTH CALUSA CLUB DR. MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(i), 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: CARLO G. CORTINOVIS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/28/04  
Date

Daytime Phone #: (305) 6299980  
Daytime Phone #