

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90071 025 ***150.00

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1. Entity Name
NOVA 1 CORP.



Principal Place of Business
7211 SW 62 AVE, STE. 120
MIAMI, FL 33143

Mailing Address
7211 SW 62 AVE, STE. 120
MIAMI, FL 33143

2. Principal Place of Business

1234 South Dixie Hwy
Coral Gables FL 33146
Suite 324

3. Mailing Address

1234 South Dixie Hwy
Coral Gables FL 33146
Suite 324



01072005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0545373

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WEISBEIN, RAYMOND
7211 SW 62 AVE, STE. 120
MIAMI, FL 33143

7. Name and Address of New Registered Agent

Name Raymond Weisbein
Street /
6885 SW 58 PLACE
City SOUTH MIAMI, FL 33143
Zip Code

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]*

Signature, in ink, of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1/7/05

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 P
NAME WEISBEIN, RAYMOND ☐ Delete
STREET ADDRESS 7211 SW 62 AVE, STE. 120
CITY-ST-ZIP MIAMI, FL 33143

TITLE ST
NAME WEISBEIN, SELMA ☐ Delete
STREET ADDRESS 7211 SW 62 AVE, STE. 120
CITY-ST-ZIP MIAMI, FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME 1234 S. Dixie Hwy #324 ☒ Change ☐ Addition
STREET ADDRESS Coral Gables FL 33146
CITY-ST-ZIP

TITLE
NAME 1234 S. Dixie Hwy #324 ☒ Change ☐ Addition
STREET ADDRESS Coral Gables, FL 33146
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond Weisbein, Pres.

1/7/05

Date

305-668-7852

Daytime Phone #