

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 363929

Entity Name: NOSTA, INC.

FILED  
Apr 17, 2009  
Secretary of State

## Current Principal Place of Business:

1235 N.W. 29TH STREET  
MIAMI, FL 331426617

## New Principal Place of Business:

## Current Mailing Address:

1235 N.W. 29TH STREET  
MIAMI, FL 331426617

## New Mailing Address:

FEI Number: 59-1305661

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NOSTE, BERTHA  
25 S.E. 2ND AVENUE  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: NOSTE, JORGE A.  
Address: 1235 N.W. 29TH STREET  
City-St-Zip: MIAMI, FL

Title: S ( ) Delete  
Name: NOSTE, BERTHA  
Address: 1235 NW 29 ST.  
City-St-Zip: MIAMI, FL

Title: P ( ) Delete  
Name: NOSTE, EMILIO J.JR.  
Address: 1235 N.W. 29TH STREET  
City-St-Zip: MIAMI, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: NOSTE, JORGE A.  
Address: 1235 N.W. 29TH STREET  
City-St-Zip: MIAMI, FL 33142

Title: S (X) Change ( ) Addition  
Name: NOSTE, BERTHA  
Address: 1235 NW 29 ST.  
City-St-Zip: MIAMI, FL 33142

Title: P (X) Change ( ) Addition  
Name: NOSTE, EMILIO J.JR.  
Address: 1235 N.W. 29TH STREET  
City-St-Zip: MIAMI, FL 33142

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMILIO NOSTE

PRES

04/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date