


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # 477096 1. Entity Name NOSA, INC.	
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Principal Place of Business 6400 WEST 20TH AVENUE HIALEAH, FL 33016	Mailing Address 6400 WEST 20TH AVENUE HIALEAH, FL 33016
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DO NOT WRITE IN THIS SPACE



02272008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1608007	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 TODD A SANDOVAL 6400 WEST 20TH AVENUE HIALEAH, FL 33016	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRED SANDOVAL, TODD A 4065 HARDIE ROAD MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSE WILLIAM R ANDERSON 9470 SW 81 ST MIAMI, FL 33173
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03/18/08-80041-004-158.75

**DO NOT WRITE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **Todd Sandoval** **2-27-08** **305/557-1311**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #