


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90402 001 \*\*\*300.00

DOCUMENT # F99000005527  
1. Entity Name  
Telenova Communications Corp.



**DO NOT WRITE IN THIS SPACE**

**66009421**

2. Principal Place of Business  
Florida - USA  
3. Mailing Address  
12000 Biscayne Blvd.  
Suite, Apt. #, etc.  
408

DO NOT WRITE IN THIS SPACE

City & State  
Miami - Florida  
Zip  
33181  
Country  
USA

4. FEI Number  
Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
C+ Corporation System  
Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Road - Team 1  
Plantation  
City  
FL Zip Code  
33324

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 re-registering) DATE \_\_\_\_\_

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Hiran Marques</u> <u>12000 Biscayne Blvd. # 408</u> <u>Miami, FL 33181</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.


SIGNATURE: [Signature] Patricia Neves 9/16/05 305-779-1714  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Us/Time Phone #

CR2E037B (12/02)

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**ATTACHMENT**

66009421

<b>DOCUMENT # F99000005527</b> 1. Entity Name <b>TELENOVA COMMUNICATIONS CORPORATION</b>	
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Principal Place of Business 12000 BISCAYNE BLVD STE 408 MIAMI, FL 33181	Mailing Address 12000 BISCAYNE BLVD STE 408 MIAMI, FL 33181
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03022005 Chg-P CR2E034 (10/03)

4. FEI Number 13-3993129	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float:right"><b>FL</b> Zip Code</span>
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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 _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME	S NEVES, RITA	<input type="checkbox"/>
STREET ADDRESS	100 N. BISCAYNE BLVD. #2905	
CITY-ST-ZIP	MIAMI, FL 33132	
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			

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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small> _____	<small>Daytime Phone #</small> _____
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# ATTACHMENT

Florida Department of State, Division of Corporations

Corporations Online

www.sunbiz.org

Public Inquiry

66009421

## Foreign Profit

### TELENOVA COMMUNICATIONS CORPORATION

#### PRINCIPAL ADDRESS

12000 BISCAYNE BLVD STE 408  
MIAMI FL 33181  
Changed 07/01/2004

#### MAILING ADDRESS

12000 BISCAYNE BLVD STE 408  
MIAMI FL 33181  
Changed 07/01/2004

Document Number  
F99000005527

FEI Number  
133993129

Date Filed  
10/27/1999

State  
DE

Status  
ACTIVE

Effective Date  
NONE

## Registered Agent

Name & Address
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324
Name Changed: 11/06/2002
Address Changed: 11/06/2002

## Officer/Director Detail

Name & Address	Title
NEVES, RITA 100 N. BISCAYNE BLVD. #2905 MIAMI FL 33132	S

## Annual Reports