

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G40885

Entity Name: NOVA CAB CO.

FILED  
Mar 30, 2009  
Secretary of State

## Current Principal Place of Business:

2222 NW 22ND CT  
P O BOX 421421  
MIAMI, FL 33142

## New Principal Place of Business:

2222 NW 22ND CT  
MIAMI, FL 33142

## Current Mailing Address:

2222 NW 22ND CT  
P O BOX 421421  
MIAMI, FL 33142

## New Mailing Address:

2222 NW 22ND CT  
MIAMI, FL 33142

FEI Number: 65-0129178

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VAZQUEZ, HIGINIO  
2211 N.W. 22ND COURT  
MIAMI, FL 33142 US

## Name and Address of New Registered Agent:

VAZQUEZ, HIGINIO  
2222 N.W. 22ND COURT  
MIAMI, FL 33142 US

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:

03/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: VAZQUEZ, HIGINIO  
Address: 943 SW 9TH AVE.  
City-St-Zip: MIAMI, FL

Title: VD ( ) Delete  
Name: VAZQUEZ, ELIZA  
Address: 943 SW 9TH AVE.  
City-St-Zip: MIAMI, FL

Title: STD ( ) Delete  
Name: VAZQUEZ, CARLOS A.  
Address: 943 SW 9TH AVE.  
City-St-Zip: MIAMI, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CARLOS A VAZQUEZ

STD

03/30/2009

Electronic Signature of Signing Officer or Director

Date