


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H77537</b> 1. Entity Name NOVA TELECOMMUNICATIONS, INC.	
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Principal Place of Business 3109 N.W. 27 AVE. MIAMI, FL 33142 US	Mailing Address P.O. BOX 420769 MIAMI, FL 33242 US
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**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2622527	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  PEREZ, AMERICO 3109 NW 27TH AVE MIAMI, FL 33142
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IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(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</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PRA PEREZ, AMERICO 3109 NW 27TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	T LOPEZ, ORLANDO 3109 NW 27TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	S JIMINEZ, AMERICO 3109 NW 27TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	D HERNANDEZ, GILBERTO 3109 NW 27TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

U00000311737  
04/18/05-80055-015 150.00

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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> 	<b>DATE:</b> 04.15.2005	<b>DAYTIME PHONE #:</b> 305 888 7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		