



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # H77537			
1. Entity Name NOVA TELECOMMUNICATIONS, INC.			
Principal Place of Business 3109N.W. 27 AVE. MIAMI, FL 33142 US	Mailing Address P.O. BOX 420769 MIAMI, FL 33242 US		
DO NOT WRITE IN THIS SPACE			
		03212006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2622527	Applied For <input type="checkbox"/> 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		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000486212 04/13/06-80029-001 150.00	
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			
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: <u>ORLANDO LOPEZ, T.</u>		Date <u>3-27-06</u> Daytime Phone # <u>305 888 7777</u>	