


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90053 029 ***150.00

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| DOCUMENT # H77637 |  |
| 1. Entity Name NOVA BOOKS, INC. | |

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| Principal Place of Business 2280 SW 70TH AVE UNIT 9 FORT LAUDERDALE, FL 33317 US | Mailing Address 2280 SW 70TH AVE UNIT 9 FORT LAUDERDALE, FL 33317 US |
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| 2. Principal Place of Business 3040 SW 116TH AVENUE Suite, Apt. #, etc. | 3. Mailing Address P.O. BOX 290670 Suite, Apt. #, etc. |
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|---------------------------|------------------------------------|
| City & State DAVIE, FL | City & State FT. LAUDERDALE, FL |
| Zip 33330-1415 | Zip 33329-0670 |
| Country BROWARD | Country BROWARD |

04022004 Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-2590092 | 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 KRAMER & ZUCKERMAN, P.A. 4000 HOLLYWOOD BOULEVARD SUITE 485 SOUTH HOLLYWOOD, FL 33021 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GARRO, ANTHONY 3040 SW 116TH AVE FORT LAUDERDALE, FL 33330 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST GARRO, JOYCE A 3040 SW 116 AVE DAVIE, FL 33330 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GARRO, ANTHONY 3040 SW 116TH AVE DAVIE, FL 33330 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 all addresses which I am like empowered.

SIGNATURE: Anthony M. Garro 04/07/04 954-476-2970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #