

ANNUAL REPORT (AR)

DOCUMENT # M23686

Entity Name

NOVECENTO CORPORATION



FILED
Apr 27, 2007 08:00 AM
Secretary of State



Principal Place of Business

21 SE 1ST AVE
 #900
 MIAMI, FL 33131
 US

Mailing Address

21 SE 1ST AVE
 #900
 MIAMI, FL 33131
 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2615078

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
 WOLFSON, MITCHELL JR.
 21 SE 1ST AVE #900
 MIAMI FL 33131 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

U00000737633
 05/11/07-80035-016 150.00

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

S
 DATORRE, ZOILA
 21 SE 1ST AVE #900
 MIAMI FL 33131 ☐ Delete

TITLE
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 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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T
 LEONARD, COMAN C.
 21 SE 1ST AVE #900
 MIAMI FL 33131 ☐ Delete

TITLE
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 CITY-ST-ZIP

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/07 3055776118