

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # M23686

1. Entity Name
THE NOVECENTO CORPORATION



Principal Place of Business

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

Mailing Address

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



04152008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2615078

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DATORRE, ZOILA
21 SE 1ST AVE
SUITE 900
MIAMI, FL 33131**

**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

Zoila Datorre **ZOILA DATORRE (S)**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/15/08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000909097
05/06/08-80055-019 150.00**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **WOLFSON, MITCHELL JR.**
STREET ADDRESS **21 SE 1ST AVE #900**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **S**
NAME **DATORRE, ZOILA**
STREET ADDRESS **21 SE 1ST AVE #900**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **T**
NAME **LEONARD, COMAN C.**
STREET ADDRESS **21 SE 1ST AVE #900**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Zoila M. Datorre
ZOILA M. DATORRE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #