2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 04, 2004
Secretary of State

DOCUMENT# N02000006425

Entity Name: NOWA'S ARK, INC.

Current Principal Place of Business:

3050 BISCAYNE BLVD., STE. 901
MIAMI, FL 33137

New Principal Place of Business:

3050 BISCAYNE BOULEVARD
SUITE 901
MIAMI, FL 33137

Current Mailing Address:

3050 BISCAYNE BLVD., STE. 901
MIAMI, FL 33137

New Mailing Address:

3050 BISCAYNE BOULEVARD`
SUITE 901
MIAMI, FL 33137

FEI Number: 31-5861799 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHWARTZ, JONATHAN
3050 BISCAYNE BLVD., STE. 901
MIAMI, FL 33137

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: SCHWARTZ, NOWA
Address: 3050 BISCAYNE BLVD., STE. 901
City-St-Zip: MIAMI, FL 33137

Title: D ( ) Delete
Name: SCHWARTZ, JONATHAN S
Address: 3050 BISCAYNE BLVD., STE. 901
City-St-Zip: MIAMI, FL 33137

Title: D ( ) Delete
Name: SCHWARTZ, ALBERT M.D.
Address: 3050 BISCAYNE BLVD., STE. 901
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NS PRES 07/04/2004

Electronic Signature of Signing Officer or Director — Date