

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000018509

Entity Name: NOVUS INSURANCE INC.

FILED
Jan 21, 2004
Secretary of State

Current Principal Place of Business:

5725 MARGATE BLVD
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

5725 MARGATE BLVD
MARGATE, FL 33063

New Mailing Address:

FEI Number: 65-0984504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASSUNCAO, ADELIO
5725 MARGATE BLVD.
MARGATE, FL 33063 US

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ASSUNCAO, ADELIO
Address: 5725 MARGATE BLVD
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: ASSUNCAO, ADELIO
Address: 5725 MARGATE BLVD
City-St-Zip: MARGATE, FL 33063

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADELIO ASSUNCAO

VP

01/21/2004

Electronic Signature of Signing Officer or Director

Date