

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000042291

1. Entity Name
NOVA BAGS, INC.
D.B.A
CREZ COQUETTE



11039500

Principal Place of Business
5283 WEST ATLANTIC AVENUE
SUITE 88
DELRAY BEACH, FL 33484

Mailing Address
5283 WEST ATLANTIC AVENUE
SUITE 88
DELRAY BEACH, FL 33484

New Address
2. Principal Place of Business
5030 CHAMPION BLVD
SUITE, Apt. #, etc.

New Address
3. Mailing Address
5030 CHAMPION BLVD
SUITE, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Boca Raton FL
Zip
33496

City & State
Boca Raton FL
Zip
33496

4. FIC Number 65-1005410 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

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 (Typed name of Agent is printed on form if required) DATE

FIL CHANGES FEE IS \$150.00
IF YOU WANT TO FILE THIS REPORT AS \$500.00
PLEASE CHECK THIS BOX TO FILE THIS REPORT AS \$500.00

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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD AJAMIAN, FADIA 5283 WEST ATLANTIC AVENUE DELRAY BEACH, FL 33484 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AJAMIAN FADIA 5030 CHAMPION BLVD # G-5 Boca Raton FL 33496 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature will 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 said fees, with all other like employees.

SIGNATURE: Fadia Ajamian
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

28 April 2003 561988,9097

CR12034 (1/02)