2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004
Secretary of State

DOCUMENT# P00000085431

Entity Name: NOVA OMNI COMPANY, INC.

Current Principal Place of Business:

137 GOLDEN ISLES DRIVE
SUITE #411
HALLANDALE, FL 33009

New Principal Place of Business:

1835 E. HALLANDALE BCH BLVD,
135
HALLANDALE, FL 33009

Current Mailing Address:

137 GOLDEN ISLES DRIVE
SUITE #411
HALLANDALE, FL 33009

New Mailing Address:

1835 E. HALLANDALE BCH BLVD.
135
HALLANDALE, FL 33009

FEI Number: 65-1095480 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMICARELLI, MARIA DOLORES
137 GOLDEN ISLES DRIVE
SUITE #411
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

AMICARELLI, MARIA- D
1835 E. HALLANDALE BCH BLVD
135
HALLANDALE, FL 33009 US

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: MARIA D AMICARELLI 02/12/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: AMICARELLI, MARIA DOLORES
Address: 137 GOLDEN ISLES DRIVE
City-St-Zip: HALLANDALE, FL 33009

Title: DVP ( ) Delete
Name: AMICARELLI, MARIANO JUAN
Address: 137 GOLDEN ISLES DRIVE
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: AMICARELLI, MARIA DOLORES
Address: 1835 E. HALLANDALE BCH BLVD. # 135
City-St-Zip: HALLANDALE, FL 33009

Title: DVP (X) Change ( ) Addition
Name: AMICARELLI, MARIANO JUAN
Address: 1835 E. HALLANDALE BCH BLVD
City-St-Zip: HALLANDALE, FL 33009

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: MARIA D. AMICARELLI P 02/12/2004
Electronic Signature of Signing Officer or Director Date