

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90029 011 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000087990

1. Entity Name
A.B. NOVA, INC.



Principal Place of Business
15845 REDINGTON DRIVE
REDINGTON BEACH, FL 33708

Mailing Address
15845 REDINGTON DRIVE
REDINGTON BEACH, FL 33708

2. Principal Place of Business
15566 Gulf Blvd
Suite, Apt. #, etc.

3. Mailing Address
15566 Gulf Blvd
Suite, Apt. #, etc.



03222005 Chg-P CR2E034 (10/03)

City & State
REDINGTON BEACH, FL
Zip
33708
Country
USA

City & State
REDINGTON BEACH, FL
Zip
33708
Country
USA

4. FEI Number
59-3670498
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
LENKA MALKOVA
Street Address (P.O. Box Number is Not Acceptable)
15566 Gulf Blvd
City
REDINGTON BEACH FL Zip Code
33708

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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PYST	MALKOVA, LENKA	15845 REDINGTON DRIVE	REDINGTON BEACH, FL 33708	<input checked="" type="checkbox"/>
D	MALKOVA, LENKA	15845 REDINGTON DRIVE	REDINGTON BEACH, FL 33708	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PSTD	MALKOVA LENKA	15566 Gulf Blvd, REDINGTON BEACH, FL		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: *Lenka Malkova* 3-22-05 727-3933239